

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020293

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 127

FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico,		c. CITY OR TOWN Centralia	
Length of stay in 1b 12 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Co. Hospital		d. STREET ADDRESS (If outside, give location) RFD # 1	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle L. Last Wallace			4. DATE OF DEATH Month June Day 16, Year 1961		
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/27/1907	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 3 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Shelby County, Illinois	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Tony Wallace			
13b. MOTHER'S MAIDEN NAME Esther Nehring		14. NAME OF HUSBAND OR WIFE Loveta Wallace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 358-22-7429		17. INFORMANT Mrs. Loveta Wallace	
Address Centralia, Mo.					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH acutely
DUE TO (b) coronary sclerosis		
DUE TO (c) diabetes mellitus, long standing		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) obstructive jaundice due to stenosis common bile duct due to chronic cholangitis.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:50 a.m. 10:50 p.m.	Month, Day, Year 4-21-61	6-16-61	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Centralia, Missouri	STATE Illinois
21. I attended the deceased from 4-21-61 to 6-16-61 and last saw her/him alive on 6-16-61 Death occurred at 10:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Robert L. Ward, M.D.		22b. ADDRESS Centralia, Missouri		22c. DATE SIGNED 6-16-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 17, 1961	23c. NAME OF CEMETERY OR CREMATORY Green Hill Cemetery	23d. LOCATION (City, town, or county) Sullivan	(State) Illinois
24. FUNERAL DIRECTOR Ben J. Meador		25. DATE RECD. BY LOCAL REG. June 17, 1961		26. REGISTRAR'S SIGNATURE Blanche Neely
ADDRESS Centralia, Missouri				

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bill J. Meador

Licensed Embalmer No.

4876

P. O. Address

Centralia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.