SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021695
STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 88

FILED JUN 20 1961

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ~~Webb City~~ MINERAL — Length of stay in 1b: 4 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Elmhurst Rest Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 406 So. Cox, — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: M. Last: WALLACE

4. DATE OF DEATH Month: June Day: 8 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-11-1875
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman
10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery
11. BIRTHPLACE (City and state or country): Andersonville, Tenn.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Eligo Wallace
13b. MOTHER'S MAIDEN NAME: Ally Wallace
14. NAME OF HUSBAND OR WIFE: Emma Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Wayne Wallace, 2825 Penn. Joplin, 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): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-3-61, to 6-8-61 and last saw him alive on 6-8-61
Death occurred at 12:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. H. Hamilton M.D.
22b. ADDRESS: C. H. HAMILTON, M. D. ROOM 302 MEDICAL ARTS BLDG. 25th & Jackson Joplin, Mo.
22c. DATE SIGNED: 6-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-12-61
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park Cem.
Place of burial (City, town, or county): Joplin, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 6-12-61
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF

JUN 27 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 Tracy McCurdy

Licensed Embalmer No. 5125

P. O. Address Joplin, 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.