

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026261

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 95

AMENDED

FILED JUL 26 1961

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		c. CITY OR TOWN Louisiana	
Length of stay in 1b 1 Day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital		d. STREET ADDRESS (If outside, give location) 1500 Georgia St	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ola Middle Francis Last Wallace			4. DATE OF DEATH Month July Day 12 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/20/1872
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (City and state or country) Little Rock, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William W. Wallace	
13b. MOTHER'S MAIDEN NAME Irene Newman		14. NAME OF HUSBAND OR WIFE Leu Rita 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. None	
17. INFORMANT Mrs Paul Grigsby, Louisiana, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Decompensated Cor Pulmonale			INTERVAL BETWEEN ONSET AND DEATH 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Complete Heart Block			4 years
DUE TO (c) Arterio Sclerotic Heart Disease			Unknown
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 2:55 PM a.m. p.m.	Month, Day, Year June 1959		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 June 1959 to July 12/61 and last saw him alive on July 12/61 Death occurred at 2:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dorothy Collier MD		22b. ADDRESS 215 N 5th Louisiana Mo	22c. DATE SIGNED 7/12/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/14/1961	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	23d. LOCATION (City, town, or county) Louisiana Missouri
24. FUNERAL DIRECTOR ADDRESS Sterne Funeral Home, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. July 18-61	26. REGISTRAR'S SIGNATURE Bernice Collier

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

AUG 7 1967

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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.