

MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

AMENDED

-61-028975
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2500 Registrar's No. 759

1. PLACE OF DEATH 21 AUG 21 1961

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b 4 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Memorial Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY OR TOWN Republic Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 429 N. College Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Mattie Middle Myrtle Last Wallace

4. DATE OF DEATH Month August Day 9 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 3/12/1891 9. AGE (last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (City and state or country) Cherokee Co., Kansas 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Andrew J. Land 13b. MOTHER'S MAIDEN NAME Viola McKee 14. NAME OF HUSBAND OR WIFE William Ernest 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. Gladys Robertson, Republic, Missouri 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) Generalized Metastasis INTERVAL BETWEEN ONSET AND DEATH 10 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of the Uterus

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 1951 to August 9, 1961 and last saw ^{her}/_{him} alive on August 9, 1961. Death occurred at 11:40 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. E. Schell 22b. ADDRESS D.O. Republic Missouri 22c. DATE SIGNED 8-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/12/1961 23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery 23d. LOCATION (City, town, or county) Springfield Missouri (State)

24. FUNERAL DIRECTOR J. Lee Harris ADDRESS Clever, Mo. 25. DATE RECD. BY LOCAL REG. 8-18-61 26. REGISTRAR'S SIGNATURE Elgie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
2
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

AUG 22 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 J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleve, 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.