

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036032

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1133

STATE FILE NUMBER

AMENDED

FILED NOV 13 1961

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

34 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

State Hospital #2

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR
TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
JULIA

Middle

Last
WALLACE

4. DATE
OF
DEATH

Month

Day

Year

November 3, 1961

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

unknown

9. AGE (last birthday)

61

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Wallace

13b. MOTHER'S MAIDEN NAME

Rose Brown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

State Hosp. #2 Records, St. Joseph, 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)

coronary thrombosis

INTERVAL BETWEEN

ONSET AND DEATH

acute

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Diabetes Mellitus

30 years

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 **Jan. 1961** to **Nov. 1961** and last saw her him alive on **Nov. 4, 1961**

Death occurred at **9:10** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mohammad Taha M.D.

22b. ADDRESS

State Hosp. #2, St. Joseph, Mo.

22c. DATE SIGNED

11/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

11/7/1961

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Heaton-Bauman St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Nov. 8, 1961

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

205 51 17 0911

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

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.