

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000992

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 25 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>West Hermann</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Municipal Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>State Rt 3</u>	
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 <u>Denice</u> Middle <u>Wallace</u> Last <u>Wallace</u>			4. DATE OF DEATH Month <u>1</u> Day <u>18</u> Year <u>62</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Cal</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-6-61</u>	9. AGE (last birthday) Months <u>1</u> Days <u>18</u> Hours <u>-</u> Min. <u>-</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>West Hermann Mo U.S.</u>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Emmanuel</u>			
13b. MOTHER'S MAIDEN NAME <u>Eula Mae Stroup</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Eula Mae Wallace</u> Address <u>State Mo R3</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Urinary failure</u>			<u>12 hrs</u>
DUE TO (b) <u>Dehydration</u>			<u>2 weeks</u>
DUE TO (c) <u>acute gastro enteritis</u>			<u>4 weeks</u>
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 checked="" 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 <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	Month, Day, Year		

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	COUNTY	STATE
21. I attended the deceased from <u>1/15/62</u> to <u>1/18/62</u> and last saw her <u>alive</u> on <u>1/18/62</u> . Death occurred at <u>home</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>D. P. Densie</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Hogansville, Mo</u>	22c. DATE SIGNED <u>1/22/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-19-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>
23d. LOCATION (City, town, or county) <u>State Mo</u>	24. FUNERAL DIRECTOR <u>Herman Funeral Home</u> ADDRESS <u>State Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>1-27-62</u>		26. REGISTRAR'S SIGNATURE <u>Paul Thurston</u>

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.