

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026066

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 392

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH JUL 23 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Boone		a. STATE Missouri	b. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 26	c. CITY OR TOWN Vida
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last William Edward Wallace		4. DATE OF DEATH Month Day Year July 16, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-22-1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Service Man		10b. KIND OF BUSINESS OR INDUSTRY unknown	9. AGE (last birthday) 48 47
13a. FATHER'S NAME William Edward Wallace		13b. MOTHER'S MAIDEN NAME Catherine Cummings	14. NAME OF HUSBAND OR WIFE Rowene Wallace
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Hospital Records, Columbia, Missouri
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) Carcinomatosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Chondrosarcoma Right Lung			1 Year
DUE TO (c) Chondrosarcoma Right Leg			3 1/2 Years
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 checked="" type="checkbox"/> NO <input 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 a.m. p.m. 	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 June 20, 1962 to July 16, 1962 and last saw him alive on July 16, 1962 Death occurred at 6:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert J. Long M.D.		22b. ADDRESS Ellis Fischel Hospital	22c. DATE SIGNED 7/16/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-16-62	23c. NAME OF CEMETERY OR CREMATORY 	23d. LOCATION (City, town, or county) (State) Rolla Mo
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service Columbia		25. DATE RECD. BY LOCAL REG. July 16, 1962	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

JUL 27 1962

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. R. Phillips
Licensed Embalmer No. 4897

P. O. Address Columbus, MS

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.