

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028042

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 372Primary Registration District No. 5908Registrar's No. 9

FILED JUL 23 1962

1. PLACE OF DEATH

a. COUNTY

Pemiscotb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNHolland

Length of stay in 1b

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

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Pemiscotc. CITY
OR TOWNHolland

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John William Wallace4. DATE
OF DEATH

Month

Day

Year

July 13th, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Feb 27, 1909

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

2

Days

27

IF UNDER 24 HR

Hours

Min.

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

Farmer Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Baldwin, Miss

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Emory Wallace

13b. MOTHER'S MAIDEN NAME

Sallie Mears

14. NAME OF HUSBAND OR WIFE

Gracie Fortner Wallace15. 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.

480-07-3270

17. INFORMANT

Mr. Myrtle Groves

Address

Holland, 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)

DUE TO (b)

DUE TO (c)

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

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

24 hr

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 ☐ Unknown19. 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

7-13-62to 7-13-62and last saw him alive on 7-13-62

Death occurred at

4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John W. German

22b. ADDRESS

M.D. Steele, Mo

22c. DATE SIGNED

7-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-15-1962

23c. NAME OF CEMETERY OR CREMATORY

St. Zion Cemetery

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

Steele, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

John W. German Funeral Home

25. DATE RECD BY LOCAL REG.

7-14-62

26. REGISTRAR'S SIGNATURE

Esther Callens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/5910780878034 05 167 18 0942011011 012 90-013 4-0

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

John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.

*Permit issued 7-14-62
Euthen Collins*