

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-030265

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 369

FILED AUG 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6168

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cape</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau, Mo.</u>		Length of stay in lb <u>42 Days</u>	c. CITY OR TOWN <u>Bell City</u> 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>St. Francis Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 1.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>XXXXXXXX Tom Wallace</u>			4. DATE OF DEATH Month Day Year <u>Aug. 19 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/1/1884</u>
9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Miner City, Miss.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Mary Wallace</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.	17. INFORMANT <u>Mary Wallace, Bell City, Mo.</u> 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) <u>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of prostate after 4 1/2 months of Prost. Disen.</u> DUE TO (c) <u>Diabetes mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>6 months</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 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 Month, Day, Year <u>2:20 PM, Aug. 19, 1962</u>		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>March 20, 1962</u> to <u>Aug. 19, 1962</u> and last saw him alive on <u>Aug. 19, 1962</u> Death occurred at <u>2:20 PM, Aug. 19, 1962</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L.R. Serhange</u> (Degree or title)		22b. ADDRESS <u>Mo. Cape Girardeau Mo.</u>	22c. DATE SIGNED <u>8-20-62</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <input checked="" type="checkbox"/>	23b. DATE <u>8/26/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McMullin</u>	23d. LOCATION (City, town, or county) (State) <u>McMullin Mo.</u>
24. FUNERAL DIRECTOR <u>Alvin Dotson, Sikeston, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-25-62</u>	26. REGISTRAR'S SIGNATURE <u>Jim Kasten</u>

SEP 5 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 *Cris S. Mainbar*

Licensed Embalmer No. 4601
P. O. Address Leicester No

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.