

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039363

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. 5659 Registrar's No. 97

VS 300  
Rev. 4/59

10560

20560

3

4 0

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11056

1291-3

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                                                  |                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lewis</b>                                                                                                                                                                                                                                                                                            |                                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>         |                                                                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Canton</b>                                                                                                                                                                                                                                                     |                                                                                                                           | c. CITY OR TOWN <b>Monticello</b>                                                                                                                | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Highway No. 61</b><br><b>In route to hospital</b>                                                                                                                                                                                                    |                                                                                                                           | d. STREET ADDRESS (If outside, give location)<br><b>None</b>                                                                                     | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                |
| 3. NAME OF DECEASED (Type or print)<br>First <b>James</b> Middle <b>Wilber</b> Last <b>Wallace</b>                                                                                                                                                                                                                                     |                                                                                                                           | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>26</b> Year <b>1962</b>                                                                          |                                                                                                                                                                      |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                  | 6. COLOR OR RACE<br><b>White</b>                                                                                          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 16, 1909</b>                                                                                                                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sheriff Lewis County</b>                                                                                                                                                                                                             |                                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Sheriff</b>                                                                                              | 9. AGE (last birthday)<br><b>53</b>                                                                                                                                  |
| 11. BIRTHPLACE (City and state or country)<br><b>Lewis County, Mo.</b>                                                                                                                                                                                                                                                                 |                                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                                                        |                                                                                                                                                                      |
| 13a. FATHER'S NAME<br><b>David Wallace</b>                                                                                                                                                                                                                                                                                             |                                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><b>Cora DeCoster</b>                                                                                                |                                                                                                                                                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>Alma Morton</b>                                                                                                                                                                                                                                                                                      |                                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                            |                                                                                                                                                                      |
| 16. SOCIAL SECURITY NO.<br><b>486-28-9290</b>                                                                                                                                                                                                                                                                                          |                                                                                                                           | 17. INFORMANT<br><b>Yates Wallace, Canton, Mo.</b>                                                                                               |                                                                                                                                                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Head and multiple body injuries</b><br>DUE TO (b) <b>Auto and truck collision</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                                           |                                                                                                                                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>25 minutes</b>                                                                                                                |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                      | 20a. ACCIDENT <input checked="" 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.)<br><b>Auto and truck collision on highway</b>       |                                                                                                                                                                      |
| 20c. TIME OF INJURY<br>Hour <b>11:45</b> a.m.<br>Month, Day, Year <b>Oct. 26-62</b>                                                                                                                                                                                                                                                    | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>61 South of Canton Mo.</b> |                                                                                                                                                  |                                                                                                                                                                      |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                                                                                                                                                                                                                      |                                                                                                                           | 20f. CITY, TOWN, OR LOCATION<br><b>Canton township Lewis Co. Mo.</b>                                                                             |                                                                                                                                                                      |
| 21. I attended the deceased from _____, to _____ and last saw him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                       |                                                                                                                           |                                                                                                                                                  |                                                                                                                                                                      |
| 22a. SIGNATURE<br><b>Earl H. Buckley, Coroner</b>                                                                                                                                                                                                                                                                                      |                                                                                                                           | 22b. ADDRESS<br><b>Canton, Mo.</b>                                                                                                               |                                                                                                                                                                      |
| 22c. DATE SIGNED                                                                                                                                                                                                                                                                                                                       |                                                                                                                           | 22d. DATE SIGNED                                                                                                                                 |                                                                                                                                                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                                             | 23b. DATE<br><b>Oct. 29, 1962</b>                                                                                         | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Ewing Missouri</b>                                                                                      | 23d. LOCATION (City, town, or county) (State)<br><b>Ewing, Lewis Co. Mo.</b>                                                                                         |
| 24. FUNERAL DIRECTOR<br><b>Earl H. Buckley, Canton Mo</b>                                                                                                                                                                                                                                                                              |                                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><b>11-2-62</b>                                                                                                   | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Henry Lloyd</b>                                                                                                                 |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DEC 17 1962

NOV 16 1962

NOV 21 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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.