

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012952

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 128

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316
FILED APR 9 1963

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| 1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">St Francois</p> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center; font-size: 1.2em;">Mo</p> | | b. COUNTY <p style="text-align: center; font-size: 1.2em;">St Louis</p> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 1.2em;">Bonne Terre-Rural</p> | | Length of stay in 1b | | c. CITY OR TOWN <p style="text-align: center; font-size: 1.2em;">Maplewood</p> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">Hwy 67,7 mi N.</p> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 1.2em;">7450 Maple</p> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center; font-size: 1.2em;">Floyd Vernon Wallace</p> | | | 4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 1.2em;">March 27, 1963</p> | | |
| 5. SEX <p style="text-align: center; font-size: 1.2em;">Male</p> | 6. COLOR OR RACE <p style="text-align: center; font-size: 1.2em;">White</p> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <p style="text-align: center; font-size: 1.2em;">10-30-1913</p> | 9. AGE (last birthday) <p style="text-align: center; font-size: 1.2em;">49</p> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">Car Repairman</p> | | 10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 1.2em;">Frisco Railroad</p> | | 11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 1.2em;">Nonett, Ark</p> | |
| 12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 1.2em;">US</p> | | | | | |

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| 13a. FATHER'S NAME <p style="text-align: center; font-size: 1.2em;">John Morgan Wallace</p> | | 13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 1.2em;">Lela Brown</p> | | 14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 1.2em;">Mary Stevens Wallace</p> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) <p style="text-align: center; font-size: 1.2em;">NO</p> | | 16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 1.2em;">[REDACTED]</p> | | 17. INFORMANT Address <p style="text-align: center; font-size: 1.2em;">Mary Wallace 7450 Maple, Maplewood, Mo.</p> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center; font-size: 1.2em;">head and internal injuries</p> | | INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center; font-size: 1.2em;">DOA</p> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |

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| 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 | |
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| 19. WAS AUTOPSY PERFORMED? 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.) <p style="text-align: center; font-size: 1.2em;">automobile accident</p> | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year <p style="text-align: center; font-size: 1.2em;">11:30 a.m. 3-27-63</p> | | | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <p style="text-align: center; font-size: 1.2em;">Highway #67</p> | 20f. CITY, TOWN, OR LOCATION <p style="text-align: center; font-size: 1.2em;">7 mi N. of Bonne Terre</p> | | COUNTY <p style="text-align: center; font-size: 1.2em;">St Francois</p> | STATE <p style="text-align: center; font-size: 1.2em;">Mo</p> |
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at

11:30 a.m.

 on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <p style="text-align: center; font-size: 1.2em;">Ted Boyer</p> | (Degree or title) <p style="text-align: center; font-size: 1.2em;">Coroner</p> | 22b. ADDRESS <p style="text-align: center; font-size: 1.2em;">Bonne Terre, Mo</p> | 22c. DATE SIGNED <p style="text-align: center; font-size: 1.2em;">3-29-63</p> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 1.2em;">Removal</p> | 23b. DATE <p style="text-align: center; font-size: 1.2em;">3/30/63</p> | 23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 1.2em;">Browns Chapel Ceme.</p> | 23d. LOCATION (City, town, or county) (State) <p style="text-align: center; font-size: 1.2em;">Brosley Missouri</p> |
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| 24. FUNERAL DIRECTOR Address <p style="text-align: center; font-size: 1.2em;">Farmers Union Jonesboro, Ark.</p> | 25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 1.2em;">Mar 29, 1963</p> | 26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 1.2em;">[Signature]</p> |
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VS 300 Rev. 4/59
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DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 10 1963

APR 24 1963

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

Burke T. Boyer

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.

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