

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016854

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 217

Primary Registration District No. 4328

Registrar's No. 49

FILED APR 17 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 0670						
2 0670						
3						
4 0						
5 2						
6						
7 1						
8 0						
9 7954						
10						
11						
12 90-8						
13 1-0						
ITEM NO.	SHOULD READ					

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bertrand,</u>		Length of stay in 1b <u>6 Yrs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Hunnie</u> Middle <u>Booth</u> Last <u>Wallace</u>		4. DATE OF DEATH Month <u>April</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>11/14/77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	
11. BIRTHPLACE (City and state or country) <u>DeSoto County, Miss</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Riley Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Artie Rochelle</u>	
14. NAME OF HUSBAND OR WIFE <u>Lula S. 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. <u>-----</u>		17. INFORMANT <u>Mrs. Kathleen Smith, Bertrand, Mo.</u>	
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>Presumed to be natural causes</u> DUE TO (b) <u>Coroner of Miss. Co. notified</u> DUE TO (c) <u>-----</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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 ☐ Unknown	
19. 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 <u>-----</u> Month, Day, Year <u>-----</u> a.m. <u>-----</u> p.m. <u>-----</u>	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 <u>-----</u> STATE <u>-----</u>		
21. I attended the deceased from <u>April 10, 1963 6:00 A.M.</u> to <u>-----</u> and last saw her/him alive on <u>-----</u> Death occurred at <u>-----</u> on the <u>-----</u> day stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Local Registrar</u> <u>Dorothy B. Hathorn</u>		22b. ADDRESS <u>Charleston Mo</u>	
22c. DATE SIGNED <u>4-12-63</u>		22d. LOCATION (City, town, or county) <u>De Soto County, Mississippi</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/12/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hinds Chapel</u>	23d. LOCATION (City, town, or county) <u>De Soto County, Mississippi</u>
24. FUNERAL DIRECTOR <u>Mc Mickle Charleston, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>4-12-63</u>	
26. REGISTRAR'S SIGNATURE <u>Dorothy B. Hathorn</u>		26. REGISTRAR'S SIGNATURE <u>Dorothy B. Hathorn</u>	

(Licensed Embalmer's Statement on Reverse Side)

Permit received
4-12-63
JH

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.