

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019825

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 117

STATE FILE NUMBER

FILED JUN 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MERCER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>TRENTON</u>		Length of stay in 1b. <u>1 DAY</u>		c. CITY OR TOWN <u>SPICKARD</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WRIGHT MEMORIAL HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>MADISON TOWNSHIP</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WALLACE IRA CONSTABLE</u>			4. DATE OF DEATH Month Day Year <u>JUNE 6 1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-19-1880</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MO. USA</u>	
13a. FATHER'S NAME <u>SALEM CONSTABLE</u>		13b. MOTHER'S MAIDEN NAME <u>AGUSTA PUTMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MOLLIE CONSTABLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>DOROTHY TRAINER SPICKARD MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerosis</u> DUE TO (b) <u>Indefinite</u> DUE TO (c) <u>4</u> Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</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 a.m. p.m. Month, Day, Year					
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.)		20f. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from <u>June 4-63</u> to <u>June 5-63</u> and last saw ^{her} him alive on <u>June 5-1963</u> Death occurred at <u>5:40 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. H. Sellers M.D.</u>			22b. ADDRESS <u>Trenton Mo</u>		22c. DATE SIGNED <u>6-6-1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-9-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WASONIC CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>SPICKARD MO.</u>
24. FUNERAL DIRECTOR <u>WISE FUNERAL HOME</u>		ADDRESS <u>SPICKARD MO</u>		25. DATE RECD. BY LOCAL REG. <u>6-7-63</u>	26. REGISTRAR'S SIGNATURE <u>Frederic J. ...</u>

JUL 19 1963

JUL 1 1963



STATE OF MICHIGAN

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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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.