

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024932

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10542

20542

3

4

5

6

7

8

9193.0

10

11

1290-0

133-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUN 24 1963

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Lexington

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

2015 Monroe

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Lafayette

c. CITY

OR

TOWN

Lexington

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

2015 Monroe

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

KATHERINE

D.

WALLACE

4. DATE

OF DEATH

Month

June 15,

Day

1963

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

May 13

1890

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home making

11. BIRTHPLACE (City and state or country)

Lexington, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William C. Herd

13b. MOTHER'S MAIDEN NAME

Catherine Goodwin

14. NAME OF HUSBAND OR WIFE

Forrest Wallace, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mr. Forrest Wallace, Sr.

Address

Lexington Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gastric carcinoma Multifocal Right

INTERVAL BETWEEN ONSET AND DEATH

9 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 ☐ Unknown19. 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
a.m.
p.m.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

STATE

21. I attended the deceased from Oct. 20, 1962 to 6-15-63 and last saw her alive on 6-11-63
Death occurred at 11:07 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wilbur E. Fulkerson

M.D.

22b. ADDRESS

Hillsdale, Mo.

22c. DATE SIGNED

6-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-18-63

23c. NAME OF CEMETERY OR CREMATORY

Machaelah Cemetery

23d. LOCATION (City, town, or county)

Lexington, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vaughn-Walker

Lexington, Mo.

25. DATE RECD. BY LOCAL REG.

6-18-63

26. REGISTRAR'S SIGNATURE

Wilbur E. Fulkerson

(Licensed Embalmer's Statement on Reverse Side)

Obituary ready for press
6-18-63
me

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 Paul H. Wilson

Licensed Embalmer No. 5192

P. O. Address Jessington, 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.