

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035045

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032

Primary Registration District No.

Registrar's No. 66

FILED SEP 27 1963

VS 300
Rev. 4/59

1 0090

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12 90-2

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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 a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, give TOWNSHIP only) LUTESVILLE		c. CITY OR TOWN BURFORDVILLE	
c. FULL NAME OF (If NOT in hospital, give location) RESIDENCE		d. STREET ADDRESS (If outside, give location) RESIDENCE	
3. NAME OF DECEASED (Type or print) BLANCHE ALLENA WALLIS		4. DATE OF DEATH SEPT. 17, 1963	
5. SEX F	6. COLOR OR RACE W	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH NOV. 11, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME JACOB WALLIS		13b. MOTHER'S MAIDEN NAME MARGARET HAWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-42-8350	
17. INFORMANT CHARLES WALLIS, MARBLE HILL, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular fibrillation - Ventricular fibrillation acute DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral vascular accident Aug. 1963		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.) none	
20c. TIME OF INJURY Hour ☐ s.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.) home		20f. CITY, TOWN, OR LOCATION Lutesville, Mo.	
21. I attended the deceased from July 29, 1963 to Sept. 17, 1963 and last saw her alive on Sept. 17, 1963		22. DATE SIGNED 9-20-63	
22a. SIGNATURE (Degree or title) Harvey T. Tarter, M.D.		22b. ADDRESS Lutesville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 19, 1963	23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY	23d. LOCATION (City, town, or county) (State) BOLLINGER CO., MO.
24. FUNERAL DIRECTOR BAKER FUNERAL HOME, LUTESVILLE, MO.		25. DATE RECD. BY LOCAL REG. 9/24/63	
26. REGISTRAR'S SIGNATURE Mrs. Buford Crader			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 14 1963

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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 J. E. Graham

Licensed Embalmer No. 400

P. O. Address Luttwille, 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.