

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-047151

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1415

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 18 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph,	
Length of stay in 1b 9 months		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Meth. Hosp. & Med. Center		d. STREET ADDRESS (If outside, give location) 206 South 31st Street	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) First Middle Last CAPT. JOHN F. WALLACE	4. DATE OF DEATH Month Day Year December 5, 1963
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5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH Sept. 24, 1900	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineering Specialist	10b. KIND OF BUSINESS OR INDUSTRY U.S. Army Ordnance Tank Automotive Comm.	11. BIRTHPLACE (City and state or country) Clearmont, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas J. Wallace	13b. MOTHER'S MAIDEN NAME Julia M. Cason	14. NAME OF HUSBAND OR WIFE Mildred Wallace
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # II	16. SOCIAL SECURITY NO. 337-09-7762	17. INFORMANT Sister Miss Nava L. Wallace-St. Joseph, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bacterial Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 12 hr.
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma Lung with DUE TO (c) Generalized metastasis	9 mos.
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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. ☐ Yes ☐ No ☐ Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from 3.19.63 to 12.7.63 and last saw him alive on 12.7.63	Death occurred at 6:24 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J.H. Ryan	22b. ADDRESS St. Joseph, Mo	22c. DATE SIGNED 12.7.63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 7, 1963	23c. NAME OF CEMETERY OR CREMATORY Clearmont Cemetery	23d. LOCATION (City, town, or county) Clearmont, Missouri	23e. STATE (State)
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24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 17, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

J.H. Ryan, M.D. MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59
15117
25117
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9/63x
10
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12 2-0
13 1-0

1A1740-028

DEC 19 1963

DEC 19 1963

Permit issued 12-7-63

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

Raymond A. Hoar

Licensed Embalmer No. 5147

P. O. Address

St. Joseph 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.