

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9528

State File No. ....

22-0

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>	
c. LENGTH OF STAY (in this place) <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Halkey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Be specific)	8. DATE OF BIRTH <u>Nov. 25 1917</u>	9. AGE (In years last birthday) <u>31</u>	10. IF UNDER 1 YEAR Days <u>3</u> Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ashley Mo 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Ann Wallace</u>	
14. NAME OF HUSBAND OR WIFE <u>Bell Wallace</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bell Wallace</u>		ADDRESS <u>Bowling Green</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute emphysema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs 9 mos</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4211</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 12, 1945</u> , to <u>Feb. 5, 1949</u> , that I last saw the deceased alive on <u>Feb. 5, 1949</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J.B. Byers M.D.</u>			23b. ADDRESS <u>Bowling Green, Mo</u>		23c. DATE SIGNED <u>3-11-49</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Graves</u>		ADDRESS <u>Bowling Green Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/19/49</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		ADDRESS <u>454</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 10  
District File Number 4-49-5  
Date Filed APR 1 - 1949

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 .....  
Student Embalmer

Signed Harold C. K. [Signature]

Licensed Embalmer No. 45-97

P. O. Address Bowling, Ill.

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 this body is not embalmed, fact should be so stated above.