

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27691

BIRTH NO.		REG. DIST. NO. 290	PRIMARY REG. DIST. NO. 4427	Registrar's No. 107
1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Miller		
b. CITY (If outside corporate limits, write RURAL and give township) Waynesville		c. LENGTH OF STAY (If in this place) 6 hrs	c. CITY (If outside corporate limits, write RURAL and give township) Iberia, Rural, Richwoods	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dewitt Hospital		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Jane	c. (Last) Wall	4. DATE OF DEATH (Month) (Day) (Year) September 2, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 20, 1865	9. AGE (In years last birthday) IF UNDER 1 YEAR 84 Months 2 Days 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Miller County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Martin		13b. MOTHER'S MAIDEN NAME Ruah Setser	14. NAME OF HUSBAND OR WIFE Peach Wall	
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martin Irwin Iberia, Missouri	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 months 3 years 10 years 200X
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 9-1 , 19 49 , to 9-2 , 19 49 , that I last saw the deceased alive on 9-2 , 19 49 , and that death occurred at 9:20 A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Eugene J. Geisler Do V.		23b. ADDRESS Waynesville Mo		23c. DATE SIGNED 9-4-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/4/49	24c. NAME OF CEMETERY OR CREMATORY Curry Cemetery	24d. LOCATION (City, town, or county) (State) Miller County Missouri	
DATE REC'D BY LOCAL REG. 9-7-49	REGISTRAR'S SIGNATURE Helma C. Buckhorst		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Hedges Iberia, Mo.	

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

SEP 7 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 _____

Walter P. Hedges

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Walter P. Hedges*

Licensed Embalmer No. 4265

P. O. Address. Iberia, Missouri

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.