No. 300
10.48

1870

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1950

State File No. 5736

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-BUFFALO
c. LENGTH OF STAY (in this place): 29 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CLARKSVILLE, MO., ROUTE I

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PIKE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-BUFFALO
d. STREET ADDRESS (If rural, give location): CLARKSVILLE, MO., ROUTE ONE

3. NAME OF DECEASED (Type or Print)
a. (First): ENOCH
b. (Middle): NELSON
c. (Last): WALLACE

4. DATE OF DEATH (Month) (Day) (Year): FEB. 27, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 18, 1875
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MISSOURI (TEXAS Co)
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: JOHN WALLACE
13b. MOTHER'S MAIDEN NAME: WINNIE MORTON
14. NAME OF HUSBAND OR WIFE: IDA ALICE WALLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME RT. 1 **ADDRESS**: Ida Alice Wallace, Clarksville, Mo

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): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-vasc. Sev.
DUE TO (c): Renal disease c̄ arteriosclerosis years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 442A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1947, *to* 2-27, 1950, *that I last saw the deceased alive on* 2-27, 1950, *and that death occurred at* 5:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. R. Johnson Jr. MD
23b. ADDRESS: Louisiana Mo
23c. DATE SIGNED: 2-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR. 1, 1950
24c. NAME OF CEMETERY OR CREMATORY: RIVERVIEW CEMETERY
24d. LOCATION (City, town, or county) (State): LOUISIANA, MISSOURI

DATE REC'D BY LOCAL REG.: Mar. 1, 1950
REGISTRAR'S SIGNATURE: Bernice Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HALEY MORTUARY, LOUISIANA, MO

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 9 1950

RECEIVED MAR 1 0 1950
District Health Officer No.
District File Number 3-50-4
Date Filed MAR 1 0 1950

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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Lowrey, 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 this body is not embalmed, fact should be so stated above.