

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7498

BIRTH NO. 12841-50 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5018 Registrar's No. 418

0020

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

| | | | | | |
|--|--|-----------------------------------|---|--|------|
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rea, Mo. Platteburg</u> | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rea, Mo. RR</u> | | 0020 |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u> | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | |

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|---|-------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Wall</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 22 1950</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>2 22 1950</u> | | 9. AGE (In years last birthday) <u>7 130</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Rea, Mo. RR</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>James F. Wall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louis D. Townsend</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James F. Wall Rea, Mo. RR</u> | | |

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|---|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hrs.</u> |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>placenta previa</u> | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2 22, 19 50 to 2 22, 19 50, that I last saw the deceased alive on 2 22, 19 50 and that death occurred at 3:30 p. m., from the causes and on the date stated above.

| | | | | | |
|--|--|------------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>D. J. Blacklock M.D.</u> | | 23b. ADDRESS <u>King City, Mo.</u> | | 23c. DATE SIGNED <u>2/23/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>2 22 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Whitesville</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Whitesville, Mo.</u> | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>3/13-50</u> | | REGISTRAR'S SIGNATURE <u>Lillian Sparks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. H. Taggart King City, Mo.</u> | |
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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.

Signed.....

R. G. Taggart

Signed.....
Student Embalmer

Licensed Embalmer No. *2563-*

P. O. Address *Ring City, 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.