

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37732

0610

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

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5733 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmer R.R. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmer (Rural)</u>	
c. LENGTH OF STAY (In this place) <u>Swain</u>		d. STREET ADDRESS (If rural, give location) <u>Walnut Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u> died at home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Meda</u>		b. (Middle) <u>June</u>	
c. (Last) <u>Wallace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 26 1877</u>
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>9</u>	11. DAYS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Work</u>	
11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Calvin Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Woodruff</u>	
14. NAME OF HUSBAND OR WIFE <u>R. Wallace</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm R Wallace Elmer Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - generalized</u> INTERVAL BETWEEN ONSET AND DEATH <u>1945</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of large bowel</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153X	
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 <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 3</u> , 19 <u>50</u> , to <u>Dec. 7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 7</u> , 19 <u>50</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Constance Jenkins D.O.</u>		23b. ADDRESS <u>Atlanta, Mo.</u>	
23c. DATE SIGNED <u>12-8-50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec 10 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmer Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Elmer Macon Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>12/9/1950</u>	
REGISTRAR'S SIGNATURE <u>Claphne Haverford</u>		FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Gooding</u>	
ADDRESS <u>Atlanta, Mo.</u>		ADDRESS <u>Atlanta, Mo.</u>	

RECEIVED 12.11.50
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.50.226
Date Filed 12.12.50

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 H.M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta Ga

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.