

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13192**

FILED APR 17 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3037 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Marceline</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Marceline</u>		c. CITY OR TOWN <u>Marceline</u>	
c. LENGTH OF STAY (in this place) <u>2yrs</u>		d. STREET ADDRESS (If rural, give location) <u>207 West Hauser</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>		b. (Middle) <u>I</u>	
		c. (Last) <u>Wallace</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 12, 1879</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR <u>4</u> Months	IF UNDER 4 HRS. <u>23</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Linn County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isiah Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Iabagail Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Pearl Wallace</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 <u>Noble Wallace</u>		ADDRESS <u>Marceline, 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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C Myocardial infarction</u> DUE TO (c) <u>Coronary Sclerosis</u> 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 <u>4201</u>	
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)		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 _____, 19____, to <u>April 5, 1951</u> , that I last saw the deceased alive on <u>April 3, 1951</u> , and that death occurred at <u>10:00 m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Robert W. Smith</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Marceline, Mo</u>	
23c. DATE SIGNED <u>4-6-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/8/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr 7-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>401 [Address]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Mo</u>	

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

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Date Received: APR 12 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-71  
Date Filed: APR 12 1951

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 George W. Davis

Licensed Embalmer No. 4799

P. O. Address Maricline, 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.