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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 555

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1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>	
c. LENGTH OF STAY (in days) <u>2 Months</u>		0272	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>748 Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Wallace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH (In years last birthday) (Month) (Day) (Year) <u>April 14 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ice Plant</u>	11. BIRTHPLACE (State or foreign country) <u>Bunceton, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			

13a. FATHER'S NAME <u>Thomas J. Wallace</u>	13b. MOTHER'S MAIDEN NAME <u>Martha S. Cockrell</u>	14. NAME OF HUSBAND OR WIFE <u>Nammie Lincoln 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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wilbur Wallace, St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition (starvation)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diverticulum of esophagus</u> years		
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>5391</u>	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 Jan 31, 1951, to May 13, 1951, that I last saw the deceased alive on May 12, 1951, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T.C. Beckitt MD</u>	23b. ADDRESS <u>Boonville, Mo</u>	23c. DATE SIGNED <u>5-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 15 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Bunceton, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>5-14-51</u>	REGISTRAR'S SIGNATURE <u>Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Missouri.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 5-21-51

APR 21 1951

MAY 21 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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *G. F. Boller*

Licensed Embalmer No. *3062*

P. O. Address *Roanville, M.*

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.