

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17390

State File No. _____

JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4870 Registrar's No. 128

3940
4

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Clearmont		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ANGELINE c. (Last) WALLACE			4. DATE OF DEATH (Month) (Day) (Year) 5 16 52		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12/22/63		9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Months Days 1 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME W. C. Thompson		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Joseph W. Wallace, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Seipel, Maryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular thrombosis		INTERVAL BETWEEN ONSET AND DEATH 78 hrs.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Central arteriosclerosis			
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X		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?	
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22. I hereby certify that I attended the deceased from **May 15, 1952** to **May 16, 1952**, that I last saw the deceased alive on **May 16, 1952**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Lannell Ford		(Degree or title) D. O.		23b. ADDRESS Elmo, Missouri		23c. DATE SIGNED 5/20/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/20/52		24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
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DATE REC'D BY LOCAL REG. 5-21-52		REGISTRAR'S SIGNATURE Bess Holt 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	
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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. 461

working under my personal supervision.

Student Curtis C. Kenilby
Student Embalmer

Signed

John W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville 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.