S. No. 300
V. 10-46

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

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25428

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 7-4-L Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Randolph 0880
b. CITY OR TOWN Clifton Hill (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) Missouri
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri Randolph 0880
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clifton-Hill Mo
d. STREET ADDRESS (If rural, give location) ----------

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) David c. (Last) Wallace

4. DATE OF DEATH (Month) (Day) (Year) 7/12/1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 10/6/1867

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY carpenter ing

11. BIRTHPLACE (State or foreign country) Clifton Hill, Mo

12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME Fone Wallace

13b. MOTHER'S MAIDEN NAME ---- Waterfield

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Lucille Stumner 2818 Colonial Dr St Louis 20 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) by hanging himself

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) his advanced age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. E974X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 10 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas. E. Raines (Degree or title) Coroner

23b. ADDRESS Moberly MO

23c. DATE SIGNED July 15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 7/14/1952

24c. NAME OF CEMETERY OR CREMATORY Clifton Hill

24d. LOCATION (City, town, or county) Clifton Hill (State) Mo

DATE REC'D BY LOCAL REG. 7-21-52

REGISTRAR'S SIGNATURE Mrs S A Barnhart

25. FUNERAL DIRECTOR'S SIGNATURE Earl G Kimpson

ADDRESS Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Mrs Paul A Kennefick

Licensed Embalmer No. 3282

P. O. Address Madison Ca

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.