

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **27697**

FILED AUG 18 1953

BIRTH NO. _____		REG. DIST. NO. 31	PRIMARY REG. DIST. NO. 5108	Registrar's No. 26		
1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give town) Rural Williams		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City				
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles West of Cole Camp		d. STREET ADDRESS (If rural, give location) 2642 Brighton				
3. NAME OF DECEASED (Type or Print) a. (First) Leroy		b. (Middle) Charley		c. (Last) Wallace		
4. DATE OF DEATH Aug 8th 1953		4. DATE OF DEATH (Month) (Day) (Year)				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 24th 1887			
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Department Manager	11. BIRTHPLACE (City and State or Foreign Country) Blair, Nebraska	12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
13a. FATHER'S NAME Jonh Joe Wallace		13b. MOTHER'S MAIDEN NAME Lillia May Hard		14. NAME OF HUSBAND OR WIFE Elanchie Wallace		
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. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Geo Ball ADDRESS 2642 Brighton Kansas City		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Crushing injuries leading to internal hemorrhage. ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accident, caused by the DUE TO (c) Crashing head-on of two automobiles II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION E8164 26		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #52		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Benton MO (STATE) MO		
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? Car accident		
22. I hereby certify that I attended the deceased from new , 19____, to new , 19____, that I last saw the deceased alive on Aug , 19____, and that death occurred at 8:15 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE Harold J. Wickoff (Degree or title) Coroner		23b. ADDRESS Cole Camp, Mo		23c. DATE SIGNED Aug 9, 1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug 11th 1953		24c. NAME OF CEMETERY OR CREMATORY Liberty Missouri (State) _____		
DATE REC'D BY LOCAL REG. Aug 9, 1953		REGISTRAR'S SIGNATURE E L. Eichhoff 394		25. FUNERAL DIRECTOR'S SIGNATURE E L. Eichhoff ADDRESS Cole Camp Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

080
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FEB 11 1954

SEP 16 1953

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 E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Osle Camp Md

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.