

FILED JUL 29 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 23725

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 3045		Registrar's No. 26				
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Mississippi		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Charleston)		c. LENGTH OF STAY (in this place) 3 Months		c. CITY (If outside corporate limits, write RURAL and give township) Charleston		p. 672				
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. J.O. King				d. STREET ADDRESS (If rural, give location) West Marshall				o		
3. NAME OF DECEASED (Type or Print) a. (First) Dora		b. (Middle) -----		c. (Last) Wallace		4. DATE OF DEATH (Month) (Day) (Year) May, 12, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH March, 10, 1870		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (State or foreign country) Desota County, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Harris			13b. MOTHER'S MAIDEN NAME Tennessee Bogan			14. NAME OF HUSBAND OR WIFE				
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 Mrs. J.O. King, Charleston, Mo.				ADDRESS		
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* (a) Chronic Myocardial Degeneration						INTERVAL BETWEEN ONSET AND DEATH 6 mos			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
	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						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)		4222				
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 Jan 1, 1954, to May 12, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 1:40A m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) W. P. Fenton D.O.				23b. ADDRESS Wyatt Mo				23c. DATE SIGNED 5-22-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/13/54		24c. NAME OF CEMETERY OR CREMATORY Malden Cemetery		24d. LOCATION (City, town, or county) (State) Malden, Mo.				
DATE REC'D BY LOCAL REG. 7-1-54		REGISTRAR'S SIGNATURE Jean Deamest 480-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Nunnelee Funeral Chapel, Charleston, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24

RECEIVED

Miss. Co. Health D

County File No. \_\_\_\_\_

Date Filed JUL 27 19

**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 Edward E. [Signature]

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

**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.