No. 300
30-48

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

5474

State File No. .....

FILED FEB 21 1955

BIRTH NO. ..... REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 14

560

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

**1. PLACE OF DEATH**
a. COUNTY Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Canton Canton
c. LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 208½ Lewis St. 0560 0

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

**4. DATE OF DEATH** (Month) (Day) (Year) Febr. 12, 1955

**5. SEX** Male 0
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2
**8. DATE OF BIRTH** April 11, 1885
**9. AGE** (In years last birthday) 70 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) Farming
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country) Winfield, Kansas 1
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** James F. Wallace
**13b. MOTHER'S MAIDEN NAME** Eliz. Isabelle Dunlap
**14. NAME OF HUSBAND OR WIFE** Cora M. DeCoster

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Wilbur Wallace, Canton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

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** 4201
**20. AUTOPSY?** YES ☐ NO ☒

**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) 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* Nov. 25, 1954, *to* Feb. 12, 1955, *that I last saw the deceased alive on* Feb. 12, 1955, *and that death occurred at* 10 P. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) John Dykstra D.O.
**23b. ADDRESS** Canton, Missouri
**23c. DATE SIGNED** Feb. 15, 1955

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 2/15/55
**24c. NAME OF CEMETERY OR CREMATORY** Catholic Cemetery
**24d. LOCATION** (City, town, or county) (State) Ewing, Lewis Co. Mo.

**DATE REC'D BY LOCAL REG.** 2-18-'55
**REGISTRAR'S SIGNATURE** P. W. Jennings M.D. 16' E.L.
**25. FUNERAL DIRECTOR'S SIGNATURE** Earl H. Barkley, Canton, Mo. ADDRESS

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl H Bonkley.....

Licensed Embalmer No. 261

P. O. Address Canton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.