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FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26854

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 3037 Registrar's No. 1

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

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. VERNON
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 209 So. VINE ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: LAWRENCE
c. CITY OR TOWN: MT. VERNON
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 209 So. VINE ST. 0556 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ELMER
c. (Last): WALLACE

4. DATE OF DEATH (Month) (Day) (Year): AUG - 14 - 1955

5. SEX: 0 MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 8 - 29 - 1901
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 11, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REAL ESTATE
10b. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE
11. BIRTHPLACE (City and State or Foreign Country): 0 Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: HENRY S. WALLACE
13b. MOTHER'S MAIDEN NAME: MARY WADE
14. NAME OF HUSBAND OR WIFE: MAMIE WALLACE

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.: 498-28-0434
17. INFORMANT'S SIGNATURE OR NAME: MRS. MAMIE WALLACE
ADDRESS: MT. VERNON, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — unknown
DUE TO (c) H201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity, hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* 7/25, 1955, *to* 8/15, 1955, *that I last saw the deceased alive on* 8/14, 1955, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. G. Grover M.D.
23b. ADDRESS: Mt Vernon
23c. DATE SIGNED: 8/15/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-17-1955
24c. NAME OF CEMETERY OR CREMATORY: WADE CHAPEL CEMETERY
24d. LOCATION (City, town, or county) (State): NEAR REPUBLIC GREENE Co. Mo.

DATE REC'D BY LOCAL REG.: 8-18-55
REGISTRAR'S SIGNATURE: Cecil Hendricks 411 0
25. FUNERAL DIRECTOR'S SIGNATURE: W. D. Jarrett
ADDRESS: Mt Vernon 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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. H. D. Lossett

Licensed Embalmer No. 22

P. O. Address Mt. Verno

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.