

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43505**

BIRTH NO. _____		REG. DIST. NO. <b>379</b>		PRIMARY REG. DIST. NO. <b>4553</b>		Registrar's No. <b>144</b>				
1. PLACE OF DEATH a. COUNTY <b>Wright</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>				b. COUNTY <b>Wright</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Manfield</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wasala, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>277<sup>1/2</sup></b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Manfield Hospital</b>				d. STREET ADDRESS						
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Ira</b>		b. (Middle) <b>Jackson</b>		c. (Last) <b>Walls</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 29, 1955</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 27, 1895</b>		
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>			11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Wm. Walls</b>			13b. MOTHER'S MAIDEN NAME <b>Mahinda Nichols</b>			14. NAME OF HUSBAND OR WIFE <b>Bessie Walls</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joyce Cunningham</b>			ADDRESS <b>Wasala, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
		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. <b>331x</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>12-26, 1955</b> , to <b>12-29, 1955</b> , that I last saw the deceased alive on <b>12-29, 1955</b> , and that death occurred at <b>8:30 AM</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>Clinton Newfeld D.O.</b>				23b. ADDRESS <b>Manfield, Mo.</b>			23c. DATE SIGNED <b>1-1-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1-1-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Wasala, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>1-5-56</b>		REGISTRAR'S SIGNATURE <b>John R. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clint ...</b>		ADDRESS <b>Funeral Home, Ava, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

County File Number  
Date Filed JAN 23 1955

**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, Mo

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

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