

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mason</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wirtsville</u>	c. LENGTH OF STAY (in this place) <u>6 da</u>	c. CITY OR TOWN <u>Ethel</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>F.O.N.</u>		e. STREET ADDRESS (If rural, give location) <u>0610</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>HERMAN</u> c. (Last) <u>WALLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 17 1956</u>		
5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 19, 1903</u>	9. AGE (In years) (Month) (Day) (Year) <u>52</u> <u>1</u> <u>28</u>	IF UNDER 14 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRACK WORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ethel, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANK WALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN ANDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Inez Wallen</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>709-18-3251</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ada Inez Wallen</u>		ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-17-56</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Left Ventricular failure</u>		
	DUE TO (c) <u>myocardial infarction</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>			✓

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 1-12, 1956, to 1-17, 1956, that I last saw the deceased alive on 1-17, 1956, and that death occurred at 2:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John R Ruffe D.O.</u>	23b. ADDRESS <u>2905 E. Harrison Hicksville Mo.</u>	23c. DATE SIGNED <u>1-17-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Jan 19, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burns Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Elmer Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-17-56</u>	REGISTRAR'S SIGNATURE <u>Hate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By G. A. Harrison</u> ADDRESS <u>Ethel, Mo.</u>	

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

1954  
FEB 8  
1954

**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.....  
Signature of Student Embalmer

Signed.....  
*E. A. Larson*

Licensed Embalmer No. *4037*

P. O. Address *Bucklin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.