

FILED FEB 27 1956

# STANDARD CERTIFICATE OF DEATH

4015

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 65

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Callaway</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fulton Twp.</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY OR TOWN <u>Auxvasse</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Modern Acre Con. Home</u>		e. STREET ADDRESS (If rural, give location) <u>RDD Auxvasse 0140</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Marvin</u> b. (Middle) <u>L.</u> c. (Last) <u>Wallace</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 18, 1956</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 26, 1865</u>		<b>9. AGE</b> (In years last birthday) <u>90</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 18 YRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farmer</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Callaway County Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
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<b>13a. FATHER'S NAME</b> <u>Robert Wallace</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy Barlow</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ellan Wallace</u>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>no</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Ella Wallace Auxvasse Mo.</u>			
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>a virus respiratory infection</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic coronary artery disease</u>  DUE TO (c) _____					<b>INTERVAL BETWEEN ONSET AND DEATH</b>				
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>19a. DATE OF OPERATION</b> <u>SV</u>					<b>19b. MAJOR FINDINGS OF OPERATION</b>  <u>4201</u>				

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Auxvasse Callaway Mo.</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from Jan 10, 1956, to Feb 18, 1956, that I last saw the deceased alive on Feb 11, 1956, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. J. H. Lawrence</u>		<b>23b. ADDRESS</b> <u>426 Main Street Fulton Mo</u>		<b>23c. DATE SIGNED</b> <u>2-22-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2/20/56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Grand Prairie</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Auxvasse Mo.</u>	
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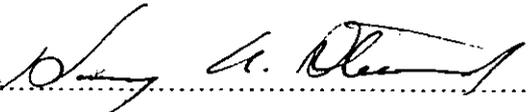
<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 25-1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Maretha Lawrence</u>		<u>426</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Marvin Funeral Home Fulton Mo</u>	
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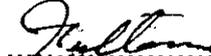
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STATEMENT BY LICENSED EMBALMER

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 .....  
Licensed Embalmer No. 322.....

P. O. Address 

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.