

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30005**

FILED OCT 1 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>		c. LENGTH OF STAY (In this place) <u>5 Yrs.</u>	c. CITY OR TOWN <u>Hamilton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <u>0300</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Aita</u>	b. (Middle) <u>Lavona</u>	c. (Last) <u>Wallace</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 1, 1892</u>	9. AGE (In years last birthday) <u>64</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>u.s.a.</u>
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13a. FATHER'S NAME <u>John Crouse</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Stockdale</u>	14. NAME OF HUSBAND OR WIFE <u>Virgil Wallace</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Wallace Sr.</u>	ADDRESS <u>Hamilton, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>one year.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerotic Hardening</u> 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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 October, 1954, to Sept 2, 1956, that I last saw the deceased alive on Sept 2, 1956, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Honoid Costa M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Hamilton, Mo.</u>	23c. DATE SIGNED <u>Sept. 4, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-5-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 17-56</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris A. Brann</u>	ADDRESS <u>Hamilton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Morris A. Brunson*.....  
Licensed Embalmer No. *391*.....

P. O. Address *Harrisville*.....

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.