No. 300
10.48

FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36783

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6193 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Ridgedale
c. LENGTH OF STAY (in this place): 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN: Ridgedale
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (or rural, give location): Rural - Rt 1060

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Homer.
c. (Last): Wallace

4. DATE OF DEATH (Month) (Day) (Year): 10-27-56

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-5-1890
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and State or Foreign Country): Eldorado Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Michael Wallace
13b. MOTHER'S MAIDEN NAME: Carry Cass
14. NAME OF HUSBAND OR WIFE: Alice Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Alice Wallace
ADDRESS: Ridgedale 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) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

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. Bronchopneumonia

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 4500
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* 10-27, 1956, *to* 10-27, 1956, *that I last saw the deceased alive on* 10-27, 1956 *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joe D. Bennett
(Degree or Title): MD
23b. ADDRESS: Branson Mo
23c. DATE SIGNED: 10-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-27-56
24c. NAME OF CEMETERY OR CREMATORY: Golden Knob
24d. LOCATION (City, town, or county) (State): Hollister Mo

DATE REC'D BY LOCAL REG.: 10-31-56
REGISTRAR'S SIGNATURE: Helen Campbell
25. FUNERAL DIRECTOR'S SIGNATURE: Walt F. Horne
ADDRESS: Harrison Ark

(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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mrs. H. Rafan

Licensed Embalmer No. 698

P. O. Address Harrison C

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