

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

179

STATE FILE NUMBER

FILED JAN 15 1957
234-57

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 5

Health, Welfare, Public Service
 300
 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Hospital		Length of stay in 1b 1 day	d. STREET ADDRESS Butler Hosp. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joyce Middle Elain Last Wallace			4. DATE OF DEATH Month Jan. Day 7 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6, 1957
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Butler, Missouri
13. FATHER'S NAME Robert F. Wallace		14. MOTHER'S MAIDEN NAME Faye H. Shuey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Robert F. Wallace Address Butler, Mo.
18. CAUSE OF DEATH [Enter only one cause for life for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital osteoporosis			INTERVAL BETWEEN ONSET AND DEATH 35 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 7620			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None		
20c. TIME OF INJURY Hour None Month None Day None Year None	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1/6/57 to 1/7/57 and last saw her alive on 1/7/57 Death occurred at 3:35 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Butler, Mo	22c. DATE SIGNED 1/7/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-8-1957	23c. NAME OF CEMETERY OR CREMATORY Spring Valley Cem.	23d. LOCATION (City, town, or county) (State) Diamond, Missouri
24. FUNERAL DIRECTOR ADDRESS Culver-Underwood Butler, Mo.		25. DATE RECD. BY LOCAL REG. JAN. 8. 1957	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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..... *Robert G. Stenberg*

Licensed Embalmer No. *465*

P. O. Address *Burley, M*

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