

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35285**

BIRTH NO.		REG. DIST. NO. 99	PRIMARY REG. DIST. NO. 4171	Registrar's No. 62
1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before distribution). a. STATE Mo. b. COUNTY DeKalb		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Clarksdale
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 48 Mi., N., E.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Tressa		c. (Last) Wallace
4. DATE OF DEATH (Month) (Day) (Year) 10-14-57		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH 10-13-1867
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Bauer		13b. MOTHER'S MAIDEN NAME Tressa Schuman		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Joe Krull ADDRESS Clarksdale Mo
18. CAUSE OF DEATH Enter on 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) myocardial insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 mos
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Minute)		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 June 1956 , to Oct. 18, 1957 that I last saw the deceased alive on Sept 7, 1957 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE E. J. Quincy (Degree or title) DO		23b. ADDRESS Stewartsville Mo		23c. DATE SIGNED 10-18-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-57		24c. NAME OF CEMETERY OR CREMATORY Bethel
24d. LOCATION (City, town, or county) (State) Cozby Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John M... ADDRESS Maysville Mo		
DATE REC'D BY LOCAL REG. 10-30-57		REGISTRAR'S SIGNATURE Rosette Naveau		

(Licensed Embalmer's Statement on Reverse Side)

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

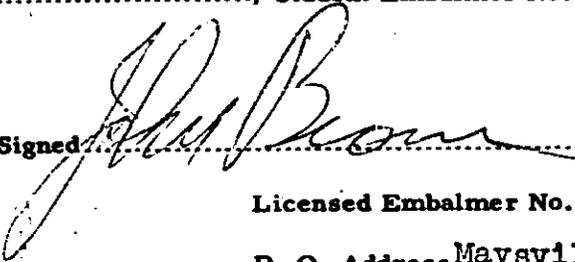
STATEMENT BY LICENSED EMBALMER

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. 3933

P. O. Address Maysville Mo.

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.