

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021406

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 101

Primary Registration District No. 5409

Registrar's No. 27

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b>		b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Miller</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Ava</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS <b>Route 2,</b>	
3. NAME OF DECEASED (Type or print) <b>Susie J. Wallace</b>		First Middle Last		4. DATE OF DEATH <b>July 4, 1958</b>	

5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 6, 1880</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own homw</b>		11. BIRTHPLACE (City and state or country) <b>Nashville, Tenn.</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Samuel Pope</b>			13b. MOTHER'S MAIDEN NAME <b>Salina Hawkins</b>			14. NAME OF HUSBAND OR WIFE <b>Albert J. Wallace</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT Address <b>Albert J. Wallace, Ava, Missouri</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Ventricular Fibrillation</b>								INTERVAL BETWEEN ONSET AND DEATH <b>not</b>			
Conditions, if any, which gave rise to above cause (a), steering the underlying cause last. DUE TO (b) <b>Acute Atrial Fibrillation</b>								<b>3 Days</b>			
DUE TO (c) <b>Chronic Myocarditis 4331</b>								<b>10 ± Ys</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute vomiting from cholelithiasis</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	

21. I attended the deceased from **7-1-58** to **7-4-58** and last saw her alive on **7-4-58**  
Death occurred at **9:10 A. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>M. C. Bently</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>Ava Mo.</b>			22c. DATE SIGNED <b>7-8-58</b>		
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-8-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ava Cem.</b>		23d. LOCATION (City, town, or county) <b>Ava Mo.</b>	
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24. FUNERAL DIRECTOR <b>Clinkingbeard Funeral Home, Ava, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>July 7-58</b>		26. REGISTRAR'S SIGNATURE <b>Vestal Bushman</b>	
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

JUL 16 1958

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 *Charles R. Fish* .....

Licensed Embalmer No. *4662* .....

P. O. Address *Ann, 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.