Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025844
STATE FILE NUMBER

FILED JUL 17 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3225

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity-Lutheran Hosp. — Length of stay in Ib 48 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9918 Holly Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Edward Middle: Patrick Last: Wallace

4. DATE OF DEATH Month: June Day: 27 Year: 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH March 17, 1885

9. AGE (In years last birthday) 73 — 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) Retired 1950

10b. KIND OF BUSINESS OR INDUSTRY Terminal Division Plant engineer

11. BIRTHPLACE (City and state or country) Pierce City, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PATRICK WALLACE

13b. MOTHER'S MAIDEN NAME MARY HALLY

14. NAME OF HUSBAND OR WIFE Mrs. Leana May Wallace

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 486-03-7716

17. INFORMANT Mrs. Sue Avery — Address 7421 Jefferson KC, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary sclerosis (Coronary thrombosis) — INTERVAL BETWEEN ONSET AND DEATH 10yr +
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 (a): Healed myocardial infarction - Cerebral thrombosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4th Mo 1952, to June 27, 1958 and last saw her/him alive on June 26, 1958
Death occurred at 4 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph E. Welker (Degree or title) MD

22b. ADDRESS 836 Prof. Bldg. Kansas City 6, Mo

22c. DATE SIGNED 6/29/1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE JUNE 30 1958

23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

23d. LOCATION (City, town, or county) Kansas City, Mo. (State)

24. FUNERAL DIRECTOR D. W. Newcomer's Sons, ADDRESS 1331 Brush Creek Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 6-30-58

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Joseph E. Welker

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Use only standard nomenclature in item 18. No symptoms will be listed.

Case No.
L01-0028

Newcomers
L01-0024

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.