

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028495
STATE FILE NUMBER

FILED AUG 29 1958 Registration District No. 58 Primary Registration District No. 4088 Registrar's No. 21

S. 300
v. 1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carter			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellsinore, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0180 Ellsinore			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy. 60, 100 yds. City Limits			Length of stay in lb		d. STREET ADDRESS (If outside, give location) Unknown		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James W. Wallace				4. DATE OF DEATH Month Day Year Aug. 9, 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Feb. 22, 1931		9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or county) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. M. Wallace			13b. MOTHER'S MAIDEN NAME Mildred Markwardt		14. NAME OF HUSBAND OR WIFE Unknown		
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. Unknown		17. INFORMANT Address Wm. M. Wallace, Ellsinore, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Struck by auto DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH Instant	
20a. ACCIDENT <input checked="" 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.) Walked into auto					
20c. TIME OF INJURY Hour Month, Day, Year 11:00 p.m. 8-9-58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 60		20f. CITY, TOWN, OR LOCATION COUNTY STATE 0180 Ellsinore Carter Mo.	
21. I attended the deceased from 11:00 P. to 11:00 P. and last saw her alive on 8-9-58 Death occurred at 11:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree of title) Coleman M. Henson				22b. ADDRESS 3 Crown Van Buren, Mo		22c. DATE SIGNED 8/10/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-4-58	23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Cem.		23d. LOCATION (City, town, or county) Ellsinore, Mo.		
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo				25. DATE RECD. BY LOCAL REG. Aug. 25-58		26. REGISTRAR'S SIGNATURE Mrs Octa Henson	

RECEIVE

AUG 28 1958

CARTER COUNTY
HEALTH CENTER

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 *Grove W. Lee*
Licensed Embalmer No. *2964*
P. O. Address *Poplar Bluff*

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.