

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009990
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 170 Primary Registration District No. 3039 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace		Length of stay in lb 11 days	d. STREET ADDRESS (If outside, give location) 439 Dilworth road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLARA ETTA BAILEY			4. DATE OF DEATH Month Day Year March 29, 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 14, 1879		9. AGE (In years by birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Jerico Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Josiah Six		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Louise G. Wallace Lebanon, 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) Hypostatic Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Myocarditis + Myocardial Degeneration 4 years					
DUE TO (c) Hypertensive Heart Disease					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X					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 1-29-1955 to 3-29-1959 and last saw her ^{her} _{him} alive on 3-29-59 Death occurred at 10:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>A. J. Summers, M.D.</i> (Degree or title)			22b. ADDRESS Lebanon Mo		22c. DATE SIGNED 3-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-1-59	23c. NAME OF CEMETERY OR CREMATORY Bolles Cemeter		23d. LOCATION (City, town, or county) (State) Lebanon, Laclede Co., Mo.
24. FUNERAL DIRECTOR <i>A. J. Shaver</i> ADDRESS Lebanon, Mo.			25. DATE RECD. BY LOCAL REG. 3-31-1959		26. REGISTRAR'S SIGNATURE <i>Hilda L. Hays</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

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Doctor, coroner, etc., must see every case. All diseases in Part I must be causally related.

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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. 7848
P. O. Address Wilton, Kansas

**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.**