

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012498

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 201

300
1-57

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>GREENVILLE</u> <u>1110</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital) give location) HOSPITAL OR INSTITUTION <u>POPLAR BLUFF</u>		Length of stay in 1b <u>2 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>✓</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH ARTHUR WALLACE</u>			4. DATE OF DEATH Month Day Year <u>APR. 21 1959</u>		
--	--	--	---	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 15, 1872</u>	9. AGE (In years) If birthday (Month Day) <u>76</u>	IF UNDER 1 YEAR Months Days <u>7 6</u>	IF UNDER 24 HRS. Hours Min. <u> </u>
-----------------------	----------------------------------	---	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - TIMBER-SCHOOL</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM - SCHOOL</u>	11. BIRTHPLACE (City and state or country) <u>DES ARC, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	--	---

13a. FATHER'S NAME <u>JOHN WALLACE</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA LLOYD</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ALPHA WALLACE</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT <u>MYRTLE DUNN GREENVILLE, MO</u>	Address <u> </u>
--	--	--	----------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage cerebral</u> DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Arterio insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>several years</u> <u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>		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.) <u> </u>
---	---

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u>	STATE <u> </u>
--	--	---	---	---------------------------	--------------------------

21. I attended the deceased from <u>4-20-59</u> to <u>4-21-59</u> and last saw ^{her} him alive on <u>4-21-59</u> Death occurred at <u>7:50</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>B. Wallace</u> (Degree or title)	22b. ADDRESS <u>Poplar Bluff, Mo</u>	22c. DATE SIGNED <u>4-24-59</u>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APR 24-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENVILLE CEM.</u>	23d. LOCATION (City, town, or country) (State) <u>GREENVILLE, MO</u>
--	---------------------------------	--	---

24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME</u> <u>GREENVILLE, MO.</u>	ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>4/25/59</u>	26. REGISTRAR'S SIGNATURE <u>R. Wheeler</u>
--	----------------------------	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

MAY 5 1959

FILE No.

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426
P. O. Address. Richmont

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.