URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006981

STATE FILE NUMBER

FILED VS MAR 1 1960

Registration District No. 164 Primary Registration District No. 3052 Registrar's No.

ENDED

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Length of stay in 1b 1 Hour
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Warrensburg Medical Center — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Texas,
c. CITY OR TOWN Huston, Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Huston, Mo. — Reside on Farm Yes ☐ No ☐*

3. NAME OF DECEASED (Type or print) First ROBERT Middle LEON Last WALLACE

4. DATE OF DEATH Month February Day 19, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-21-1941
9. AGE (last birthday) 18 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lath operator,
10b. KIND OF BUSINESS OR INDUSTRY Goal and Gage Co.
11. BIRTHPLACE (City and state or country) Sheldon, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robert W.Wallace,
13b. MOTHER'S MAIDEN NAME Thelma L.Langacre,
14. NAME OF HUSBAND OR WIFE single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 488-44-0057
17. INFORMANT Address Mr. R.W.Wallace, Huston, 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) Severe Cerebral concussion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) auto accident
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH approx. 2 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Auto Accident
20c. TIME OF INJURY Hour a.m. p.m. 7:45 PM Month, Day, Year 2-19-60
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.) US Hiway 50
20f. CITY, TOWN, OR LOCATION US Hiway 50 COUNTY Pettis Co,. STATE Missouri

21. I attended the deceased from 8 PM 2-19-60, to 10:35 PM 2-19-60 and last saw her him alive on 2-19-60
Death occurred at 10:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. H. Owings MD
22b. ADDRESS Warrensburg, Missouri
22c. DATE SIGNED 2-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal,
23b. DATE 2-20-1960
23c. NAME OF CEMETERY OR CREMATORY To Huston, Missouri
23d. LOCATION (City, town, or county) (State) Huston, Mo.

24. FUNERAL DIRECTOR The Brauningers, ADDRESS Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. May 22, 1960
26. REGISTRAR'S SIGNATURE Savannah Crutchfield R. Rex Heberling Sheriff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Warrenburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.