RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

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ILED VS JUN 7 1960

DED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 273 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence | Length of stay in 1b Life

c. CITY OR TOWN Independence | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep, San.& Hosp. | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 601 W. Truman Rd. | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NATALIE Middle OTT Last WALLACE

4. DATE OF DEATH Month May Day 26 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH June 25, 1891

9. AGE (last birthday) 68 | 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

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

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Albert M. Ott

13b. MOTHER'S MAIDEN NAME Julia Rogers

14. NAME OF HUSBAND OR WIFE Frank G. 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. None

17. INFORMANT Mrs. Harry S. Truman Address Indep. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac arrest	Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic Carcinoma of liver	4 mo+
DUE TO (c)	Probable primary Ca of pancreas	?

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

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.)

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 1959, to May 1960 and last saw her alive on May 26, 1960
Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul L Bachmann (Degree or title) MD

22b. ADDRESS 1212 W. Truman Indep, Mo

22c. DATE SIGNED 5-27-60

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

23b. DATE May 28, 1960

23c. NAME OF CEMETERY OR CREMATORY Woodlawn

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

24. FUNERAL DIRECTOR OTT & MITCHELL ADDRESS INDEP. MO.

25. DATE RECD. BY LOCAL REG. 5-28-60

26. REGISTRAR'S SIGNATURE James L Gray

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 22 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Henry J. Mitchel

Licensed Embalmer No. 392

P. O. Address Indep

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