

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047151
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1415

DO NOT WRITE ON THIS STUB

FILED DEC 18 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Buchanan		a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph,	
Length of stay in 1b 9 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Meth. Hosp. & Med. Center		d. STREET ADDRESS (If outside, give location) 206 South 31st Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CAPT. JOHN F. WALLACE			4. DATE OF DEATH Month Day Year December 5, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 24, 1900
9. AGE (last birthday) 63		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) Engeneering Specialist		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army Ordnance Tank Automotive Commd.	11. BIRTHPLACE (City and state or country) Clearmont, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas J. Wallace	
13b. MOTHER'S MAIDEN NAME Julia M. Cason		14. NAME OF HUSBAND OR WIFE Mildred Wallace	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # II		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Sister		Address Miss Neva L. Wallace - St. Joseph, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) traudicial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma Lung with			DUE TO (c) generalized metastasis 9 mos.
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 3-19-63 to 12-7-63 and last saw him alive on 12-7-63 Death occurred at 6:24 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.H. Ryan (Degree or title)		22b. ADDRESS St Joseph Mo	
22c. DATE SIGNED 12-9-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 7, 1963	23c. NAME OF CEMETERY OR CREMATORY Clearmont Cemetery	23d. LOCATION (City, town, or county) (State) Clearmont, Missouri
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 17, 1963	
		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED

VS 300 Rev. 4/59

15/17

25/17

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BY AFFIDAVIT OF J. H. Ryan, M.D. MEDICAL CERTIFICATION

12-7-63

DEC 19 1963

FILED 1963 DEC 19

Permit issued 12-7-63

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 Raymond A. Moore

Licensed Embalmer No. 5147

P. O. Address St. Joseph Mo

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.