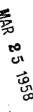
THE DIVISION OF HEALTH OF MISSOURI 58-012882 ealth. STANDARD\_CERTIFICATE OF DEATH FILED MAR 20 1958 Welfare ......Registrar's No. 45 ublic Primary Registration District No.... Registration District No. ..... ervice 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH Shannon a. STATE MADDOULL 6. COUNTY Shammathission) a. COUNTY 100 -57 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY TOWN Birch Iree Yes 掛 No 📋 **E**manænce TOWN c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b d. STREET (If outside, give location) Reside on Farm HOSPITAL OR **ADDRESS** months Yes □ No 🎹 INSTITUTION Day Middle Year 3. NAME OF DECEASED First Last 4. DATE DEATH Feb. 23, 1958 (Type or print) Wallace Lames Cissar 9. AGE (In years I FUNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED los(bathday) Months Days mar. 17. male 0 White WIDOWED # 2 DIVORCED 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Birch Tree. Missouri C 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a FATHER'S NAME asberry Wallace Beithe Renninger Deceased 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no App Opknown) (If yes, give App Or dates of service) none Read Diseise 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) which gave rise to above cause (a). stating the under-DUE TO (c) lying cause lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminol disease condition given in PART I (a) PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE ۵ П 20c. TIME OF Hour Month, Day, Year INJURY All diseases in Part I must 20f. CITY, TOWN, OR LOCATION COUNTY STATE 204. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) WHILE AT NOT WHILE WORK to Act 22 1958 and last saw her alive on 123 21. I attended the deceased from m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 22c. DATE SIGNED (Degree or title) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) 23a. BURIAL, CREMATION, City Cemetery /26/58 25. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR ADDRESS Duncan Frineral Home Nith View. Mo.





STATEMENT BY LICENSED EMBALMER

I hereby certify that the	body whose name is recorded on the reverse side of this certificate was embalme
by me, or by	, Student Embalmer No.
working under my personal supe	_
StudentSignature of Student	

P. O. Address MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure

Licensed Embalmer No...5.2.2.9.

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.