

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9852**
 BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Rt. 2</u>		2660
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richwoods 1wp</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>mos</u> c. (Last) <u>Wall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 10, 1865</u>	9. AGE (in years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Pulaski Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Anderson Wall</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Long</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah E. Wall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ellen Haus Iberia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>		
* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Hypertrophy</u>			years		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>610X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 19 55</u> to <u>March 28, 1956</u> , that I last saw the deceased alive on <u>3/27</u> , 19 <u>56</u> , and that death occurred at <u>10:15 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. A. Gould</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Iberia; Mo.</u>		23c. DATE SIGNED <u>3/29/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/31/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M. dden</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MARCH-29-56</u>	REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White & Medges</u> ADDRESS <u>Hedges Funeral Homes, Iberia, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Walter P. Higgins

Licensed Embalmer No. 4265

P. O. Address Kenai, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.