

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21244

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6021		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millville GRAPE GROVE		c. LENGTH OF STAY (If this place) 40 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millville GRAPE GROVE			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. not listed				d. STREET ADDRESS (If rural, give location) St. not listed			
3. NAME OF DECEASED (Type or Print) a. (First) Donovan		b. (Middle) Octavius		c. (Last) Wall		4. DATE OF DEATH (Month) (Day) (Year) June 2, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 21, 1902	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 9 Days		IF UNDER 24 HRS. Hours 11 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Dearborn, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Opey James Wall		13b. MOTHER'S MAIDEN NAME Irene Renfro		14. NAME OF HUSBAND OR WIFE Anna (Wohlard) Wall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Wall, Richmond, R.F.D. #4			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) " " " " 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				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 1949, 19 to June 2, 1950 that I last saw the deceased alive on May 31, 1950 and that death occurred at 6:30 AM from the causes and on the date stated above.							
23a. SIGNATURE E. C. Gray M.D.				23b. ADDRESS Richmond		23c. DATE SIGNED 6-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 5, 1950		24c. NAME OF CEMETERY OR CREMATORY New Hope		24d. LOCATION (City, town, or county) (State) Ray County, Missouri	
DATE REC'D BY LOCAL REG. June 6, 1950		REGISTRAR'S SIGNATURE Mabel Jackson 273		FUNERAL DIRECTOR'S SIGNATURE Quest-Life Funeral Home		ADDRESS Richmond, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 12
District Health Officer No. 3,
District File Number _____
Date Filed 6-29-50

VS SEP 17 1959

APR 13 1958

APR 9 1958

APR 21 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed George Hill

Licensed Embalmer No. 4068

P. O. Address Washington, 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 this body is not embalmed, fact should be so stated above.