

FILED MAY 20 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15046

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY OR TOWN <b>Braymer</b>		c. CITY OR TOWN <b>Braymer,</b>	
c. LENGTH OF STAY (In this place) <b>50yrs.</b>		13 <b>13</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) **Jessie Wightman**

a. (First) b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) **April 17, 1949**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Oct. 17, 1876**

9. AGE (In years last birthday) **72** IF UNDER 1 YEAR Months Days IF UNDER 4 Hrs. 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 **own home**

11. BIRTHPLACE (State or foreign country) **Dawn, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Francis Dusenberry** 13b. MOTHER'S MAIDEN NAME **Emma Essig** 14. NAME OF HUSBAND OR WIFE **Fred Wightman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or date of service) **no**

16. SOCIAL SECURITY NO. **--**

17. INFORMANT'S SIGNATURE OR NAME **Fred Wightman** ADDRESS **Braymer**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

18. CAUSE OF DEATH **Medical Certification**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Epidural Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **5 days**

ANTECEDENT CAUSES **Trauma from accident** **5 days**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **6903<sup>U</sup>**

DUE TO (b) **1. Parkinson's Syndrome** **many years**

DUE TO (c) **2. Diabetes mellitus**

II. OTHER SIGNIFICANT CONDITIONS **3. Longest arterial disease**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Braymer Caldwell Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **Fell backwards off steps striking back of head on concrete walk.**

22. I hereby certify that I attended the deceased from **July 19, 1947** to **April 18, 1949**, that I last saw the deceased alive on **April 17, 1949**, and that death occurred at **2:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **E. Goldberg M.D.** 23b. ADDRESS **Braymer** 23c. DATE SIGNED **4-19-49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4-20-49** 24c. NAME OF CEMETERY OR CREMATORY **Evergreen** 24d. LOCATION (City, town, or county) (State) **Braymer, Mo**

DATE REC'D. BY LOCAL REG. **4/20/49** REGISTRAR'S SIGNATURE **Mrs. Nell B. Jones** 373 GENERAL DIRECTOR'S SIGNATURE **Donald T. Mead** ADDRESS **Braymer,**

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

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8-10-49

MAY 18 1950

**DISTRICT HEALTH OFFICE**  
**Cameras, Mo.**

**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

*Bernard F. Mead*

Licensed Embalmer No. .... 2801 .....

P. O. Address Braymer, 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.