

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12084**

BIRTH NO.		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>528</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u> <u>0381</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>not given</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Wisherd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 27, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 29, 1882</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months Days IF UNDER 4 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Gentryville, Missouri.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William E. Jameson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Belle Buster</u>	14. NAME OF HUSBAND OR WIFE <u>J. L. Wisherd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> *****		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. L. Wisherd Albany, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic of Bifuracaria of aorta</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>UNKNOWN CAUSE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> <u>454X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 <u>23 April, 1950</u> , to <u>27 April, 1950</u> , that I last saw the deceased alive on <u>26 April, 1950</u> , and that death occurred at <u>5:52 A. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Clement C. W. ...</u>		23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>4-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/27/50.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Albany, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>May 4, 1950</u>	REGISTRAR'S SIGNATURE <u>K. L. Jenkins</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Katter Meierhoffer</u> <u>1946 Colhoun St. St. Joseph, Mo.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 0

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.

Signed

Robert E. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

Signed *****
Student Embalmer

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.