S. No. 300
v. 10-48

0330
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FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23161

State File No.

BIRTH NO. REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5387 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0330
d. STREET ADDRESS (If rural, give location): Near Boss, Missouri

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) Wisdom c. (Last)
4. DATE OF DEATH (Month) (Day) (Year): June 27, 1950
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 31, 1873
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 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: --
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: N. Parker
13b. MOTHER'S MAIDEN NAME: Susan Dennison
14. NAME OF HUSBAND OR WIFE: James Wisdom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Gurney Wisdom, Boss, Missouri

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis and Shock — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rupture of Gall-bladder by stone

DUE TO (c) Ch. Cholelithiasis.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

584X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 49, 19__, *to* May, 19 50, *that I last saw the deceased alive on* May, 19 50, *and that death occurred at* 7:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph C. Burnett, MD (Degree or title)
23b. ADDRESS: Salem, Missouri
23c. DATE SIGNED: 7/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/29/50
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Dent County, Missouri

DATE REC'D BY LOCAL REG.: 7-12-50
REGISTRAR'S SIGNATURE: M. M. Hunt, M.D. 83
25. FUNERAL DIRECTOR'S SIGNATURE: Earl R. Spencer
ADDRESS: Salem, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number.....

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.