

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29384

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>EDWARDS (Rural Union Township)</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>0080</u> OR TOWN <u>EDWARDS RT 1</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>(Union Township) 8 miles E</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED a. (First) <u>ROSE</u> b. (Middle) <u>ANNA</u> c. (Last) <u>WISEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18, 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>March 16, 1871</u>	9. AGE (In years last birthday) <u>79</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	

13a. FATHER'S NAME <u>JAMES FIDLER</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John A. Wiseman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John A. Wiseman</u> ADDRESS <u>Edwards, Mo</u>	

18. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. DATE OF OPERATION		19a. DATE OF OPERATION		20. AUTOPSY?	

18. DATE OF DEATH
Enter only one cause per line for (a), (b), and (c)
None

**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 18 days

334X

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)		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 Sept 15, 1945, to Sept 18, 1950, that I last saw the deceased alive on Sept 16, 1950, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. E. Briggs, D.D.</u>		23b. ADDRESS <u>Whiteland, Mo.</u>		23c. DATE SIGNED <u>Sept 22, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chimney Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>		ADDRESS <u>Whiteland</u>	
DATE REC'D BY LOCAL REG. <u>Sept 23, 1950</u>		REGISTRAR'S SIGNATURE <u>JAR. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

080 /

JUN 27 1951

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10/2/50

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

John G. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.