

No. 300
10. 48

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 531

BIRTH NO. _____ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 4117 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rothville Rural		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rothville Rural	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mary	b. (Middle) H	c. (Last) Wisdom	(Month) Jan	(Day) 15	(Year) 1951
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 24 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Near Rothville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chas. E Allen	13b. MOTHER'S MAIDEN NAME Eliza M. Riddell	14. NAME OF HUSBAND OR WIFE Tavnor Wisdom.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tavnor Wisdom Rothville Mo.

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		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 years 17 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Hypostatic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of breast DUE TO (c) Cachexia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia			

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) m.	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 Dec 10, 1950, to Jan 15, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. E. Leonard M.D.	23b. ADDRESS Brookfield Mo.	23c. DATE SIGNED 1-17-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/18/51	24c. NAME OF CEMETERY OR CREMATORY Rothville
		24d. LOCATION (City, town, or county) (State) Rothville Mo.

DATE REC'D BY LOCAL REG. Jan 20-51	REGISTRAR'S SIGNATURE Maud Wright 450	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. K. Leonard Mendon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 25 1961

Date Received: 1-29-51

DISTRICT HEALTH OFFICE #2

District File Number 2-51-284

Date Filed: FEB 6 1951

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, ~~John~~.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

L. L. Keiper

Licensed Embalmer No. 3970

P. O. Address Mendon 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.