

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29234

State File No. _____

Registrar's No. 647

FILED SEP 14 1951

BIRTH NO. _____ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 6115

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Pickland Crowder, Mo 6115</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crowder, Mo 10-0-0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Don</u>	b. (Middle) _____	c. (Last) <u>Wisdom</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 23 1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5/7/01</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hospt</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Wisdom</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Engelly</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Wisdom</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Kindred Crowder, Mo</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lower lung with lung metastasis</u>		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) <u>Left Lung Caecopied</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 8. 10, 1951, to Death 1951, that I last saw the deceased alive on 8. 22, 1951, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. D. Mayfield, M.D.</u>	23b. ADDRESS <u>5 Am. Assoc. Bldg.</u>	23c. DATE SIGNED <u>8/31/1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morley Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-8-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>	429	25. FUNERAL DIRECTOR'S SIGNATURE <u>Flarry Jones</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 10 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 951-198

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 Allerton

Licensed Embalmer No. 2941

P. O. Address Keaton

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.