

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16175**

MED JUN 10 1952

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **86**

107
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY (If outside corporate limits, write RURAL and give township) Trenton 0402	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Neals Nursing Home 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Neals Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) E.	c. (Last) Wise	4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug 15 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 12 HRS. Hours Min.
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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) Livingston, county Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANK B. NORDYKE	13b. MOTHER'S MAIDEN NAME MARY E. SMITH	14. NAME OF HUSBAND OR WIFE Austin Wise (dec)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Franklin Wise (son)	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 16, 1952** to **May 29, 1952**, that I last saw the deceased alive on **May 27, 1952**, and that death occurred at **1000 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. A. Duffy M.D.	23b. ADDRESS Trenton Mo	23c. DATE SIGNED May 29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 30 1952	24c. NAME OF CEMETERY OR CREMATORY Honey Creek Chapel	24d. LOCATION (City, town, or county) DuLap, Mo.
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DATE REC'D BY LOCAL REG. 5/30/52	REGISTRAR'S SIGNATURE J. W. Davis	25. FUNERAL DIRECTOR'S SIGNATURE Davis - Blackman	ADDRESS Trenton
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(Licensed Embalmer's Statement on Reverse Side)

Dr E.A. Duffy

SEP 10 1952

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. 454

working under my personal supervision.

Student Harold S. Roberts
Student Embalmer

Signed J. Gordon Blackman

Licensed Embalmer No. 4602

P. O. Address Gretna, 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.