

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29166**

REC'D AUG 18 1952

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3061</u>		Registrar's No. <u>252</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> 0942				2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Cantwell</u> 0942			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u># 5 Lead Mines Fed. Div.</u>				d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irvin</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Wisdom</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 1 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 23, 1919</u>	9. AGE (In years last birthday) <u>32</u>	10. MONTHS <u>8</u>	11. DAYS <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shovel Oper.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mines</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bunker, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>George Wisdom</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Audry Wisdom</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W. W. # 2 490-18-0478</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Audry Wisdom Cantwell, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery Verdict: due to injuries received in accident while testing a</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>St. Joseph mechanical shovel</u> DUE TO (c) <u>Internal injuries</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> E9122				INTERVAL BETWEEN ONSET AND DEATH <u></u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>094 4</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lead Mines</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Flat River St. Francois, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Aug. 1, 1952 11:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>accident occurred while working on machinery crushed between crank and steam piston</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Bevil G. Miller 3 coroner</u>				23b. ADDRESS <u>Farmington, Mo</u>		23c. DATE SIGNED <u>8/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug. 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Gather Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer & Son</u>		ADDRESS <u>Desloge, Mo.</u>	

MAR 6 1953

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 D. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.