

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10784

State File No. _____

59

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. _____

S. No. 300
V. 10-48

5742

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Mayville</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry, Mo.</u> <u>0380</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>N. Alanthus Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. William</u> b. (Middle) <u>Wisdom</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 15 1953</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>Feb. 10. 1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railway Mail Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Leonard Franklin Wisdom</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Hamlin</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Flossie Wisdom</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Flossie Wisdom Stanberry 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) <u>UNKNOWN</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u> <u>YEARS</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			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)	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 <u>11-6</u> , 19 <u>52</u> , to <u>3-11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-11</u> , 19 <u>53</u> , and that death occurred at <u>7:15 am.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Albert L. Carlin M.D.</u>			23b. ADDRESS <u>Stanberry, Mo</u>		23c. DATE SIGNED <u>3-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar 17 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-21-53</u>	REGISTRAR'S SIGNATURE <u>Kesro Holt</u>	25. FURNAL DIRECTOR'S SIGNATURE <u>Edgar J. Phillips</u>	ADDRESS <u>Stanberry</u>			

(Licensed Embalmer's Statement on Reverse Side)

MO

MAR 30 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

Leroy A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonewall, 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.