

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **13077**

5. No. 300
V. 10.48
APR 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>4539</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wayne</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville, Mo. 1110</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS <u>None</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Earl</u> c. (Last) <u>Wiscarver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 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>Nov. 4, 1892</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 12 HRS. Days <u>21</u> Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Shiloh Comm. Butler Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>James Ruben Wiscarver</u>		13b. MOTHER'S MAIDEN NAME <u>Hester Ann King</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Clemmons Wiscarver</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World World W. I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Wiscarver Wmsville, Mo.</u> ADDRESS _____				
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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.					INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Not known</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Williamsville Wayne Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</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 <u>2:15P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Marvin E. Bowler</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Redmond, Mo.</u>		23c. DATE SIGNED <u>3/27/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo. Rural</u>		
DATE REC'D BY LOCAL REG <u>Apr 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1110
1

RECEIVED

APR 13 1953

WAYNE CO: HEALTH CENTER

FILE No. 4.53-LS

APR 1-6 1953

APR 1-5 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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Pine Poplar Bluff - M

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.