

STANDARD CERTIFICATE OF DEATH

14919

State File No.

FILED MAY 7 1953

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 548

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> <u>0581</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. STREET ADDRESS (If rural, give location) <u>414 E. Santa Fe</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Buford</u> c. (Last) <u>Wiseman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 53</u>		
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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>July 25, 1878</u>	9. AGE (In years last birthday) Months Days <u>74</u> <u>9</u> <u>1</u>	
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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 <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marceline, Missouri</u> <u>U.S.A</u>	
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13a. FATHER'S NAME <u>George Wiseman</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy</u>	
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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) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edwin Wiseman, South Lyon, Mich</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MASSIVE CEREBRAL HEMORRHAGE</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE VASCULAR DISEASE</u> <u>UNK.</u> DUE TO (c) <u>ARTERIOSCLEROTIC VASCULAR DISEASE</u> <u>UNK.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from MAY 1952, to APRIL 1953, that I last saw the deceased alive on APRIL 26 1953, and that death occurred at 2⁴⁵ P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul T. Berry MD.</u>		23b. ADDRESS <u>Marceline, Mo.</u>		23c. DATE SIGNED <u>4-27-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peden Chapel</u>	
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24d. LOCATION (City, town, or county) (State) <u>East of Marceline, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. A. McLaughlin, Marceline Mo</u>	
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DATE REC'D BY LOCAL REG. 4-27-53 REGISTRAR'S SIGNATURE Mary Jane Owens 401-0
(Licensed Embalmers' Statement on Reverse Side)

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

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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.