

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28025

State File No. _____

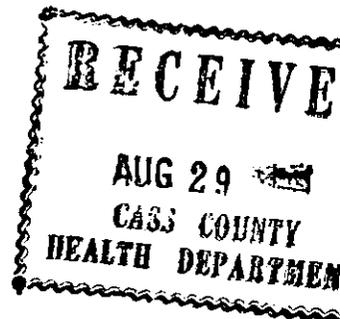
FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 127

0190

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

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Drexel</u> b. COUNTY <u>Cass.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel</u>	
c. LENGTH OF STAY (In this place) <u>18 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hospital. At home.</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> (Type or Print)		b. (Middle) <u>H</u>	
c. (Last) <u>WISEMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 53</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>Aug. 29, 1869</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 1 YEAR Days <u>24</u>	IF UNDER 1 MIN. Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Genl Farming.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Augusta County, Va.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William F. Wiseman.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Wade.</u>	
14. NAME OF HUSBAND OR WIFE <u>Fanny B. Wiseman.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jesse E. Wiseman.</u>		ADDRESS <u>Drexel, 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>CARDIOVASCULAR COLLAPSE</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SENILE DEGENERATION</u> 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	
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) <u>794X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>OCT. 15, 1948</u> to <u>Aug. 23, 1953</u> , that I last saw the deceased alive on <u>Aug 23, 1953</u> and that death occurred at <u>1:20P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C.W. Marsh</u> D.O. <u>2</u>		23b. ADDRESS <u>Drexel, Missouri.</u>	
23c. DATE SIGNED <u>8/24/53.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/25/53.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel, MO.</u>	
DATE REC'D BY LOCAL REG. <u>8/24/53.</u>		REGISTRAR'S SIGNATURE <u>Nora Barwood</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Drexel, MO.</u>	



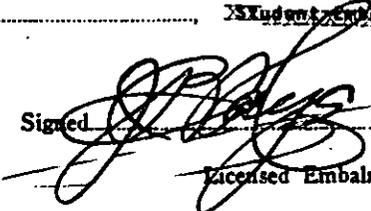
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ~~XXXXXX~~

~~XXXXXX~~ Student Embalmer No. _____

working ~~under my personal supervision~~

Student ~~XXXXXXXXXXXXXXXXXXXX~~
Student Embalmer

Signed 

J.B. Hays

Licensed Embalmer No. 1049

P. O. Address Drexel, Missouri

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.