

STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 29 1953

REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Ray</u> b. CITY OR TOWN <u>Lawson</u> c. LENGTH OF STAY (in this place) <u>1 hour</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Physician's office</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Ray-Knoxville Township</u> d. STREET ADDRESS (If rural, give location) <u>3 miles S.W. Knoxville, Mo.</u>	
3. NAME OF DECEASED a. (First) <u>SALLY</u> b. (Middle) <u>WISELY</u> c. (Last) <u>WISELY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. - 1889</u>	
9. AGE (In years) (last birthday) <u>64</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Aaron Teegarden</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Grover Wisely</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grover Wisely, Knoxville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Coronary Occlusion</u>				<u>20 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>1 1/2 yrs</u>	
		DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Op of Breast, operated 4 yrs</u> <u>Collection - lungs ad</u>					
		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 checked="" type="checkbox"/> NO <input 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		21d. COUNTY		21e. STATE	
<u>170X</u>		<u>Lawson</u>		<u>Ray</u>		<u>Mo</u>			
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 10/10 to Oct. 19, 1953, that I last saw the deceased alive on Oct. 19, 1953, and that death occurred at 10:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Detlev Buehler M.D.</u>		23b. ADDRESS <u>Lawson Mo</u>		23c. DATE SIGNED <u>10/22-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-21-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Oct. 22, 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Grover Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard</u>		ADDRESS <u>Richmond, Mo</u>	
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(Licensed Embalmer's 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.