

No. 300
0.48

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3619**

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **6147** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY OR TOWN Rural	c. LENGTH OF STAY (In this place) 6 years	c. CITY OR TOWN Shelbyville Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 1020	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Gilbert c. (Last) Wiseman			4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1955		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Oct 29 1871	9. AGE (In Years) (Months) (Days) 83 2 8	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE: (City and State or Foreign Country) Maywood Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin F. Wiseman		13b. MOTHER'S MAIDEN NAME Maria Dennis		14. NAME OF HUSBAND OR WIFE Emma Wiseman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Wiseman Shelbyville	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden death probably ventricular fibrillation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic degenerative myocarditis? DUE TO (c) Arteriosclerosis		
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 4221	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 **Sept 11, 1954**, to **Jan 6, 1955**, that I last saw the deceased alive on **Dec 11, 1954**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. C. Weaver M.D.	23b. ADDRESS Shelbyville Mo	23c. DATE SIGNED 1-10-55
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 9 - 55	24c. NAME OF CEMETERY OR CREMATORY Ben. Bow cemetery	24d. LOCATION (City, town, or county) (State) Shelby co. Mo
DATE REC'D BY LOCAL REG. 1-11-55	REGISTRAR'S SIGNATURE A. A. Garrison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. P. Thompson	

(Licensed Embalmer's Statement on Reverse Side)

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

20
1

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 *SL*, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *CEW Musgrove*

Licensed Embalmer No. *271*

P. O. Address *Bethel*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.