

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17928**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY OR TOWN <b>FULTON</b>	c. LENGTH OF STAY (in this place) <b>10y 2w</b>	c. CITY OR TOWN <b>FULTON</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1115 EWING AVE</b>		e. STREET ADDRESS (If rural, give location) <b>1115 EWING AVE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Evaline</b> b. (Middle) <b>Nichols</b> c. (Last) <b>Wise</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 22, 1955</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB 8, 1956</b>	9. AGE (In years last birthday) <b>99</b>	# UNDER 1 YEAR Months Days # UNDER 100 Hrs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>FULTON MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>WILLIAM NICHOLS</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN A. MUIR</b>		14. NAME OF HUSBAND OR WIFE <b>NORACE BENTON WISE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Wise</b> ADDRESS <b>Fulton Mo.</b>	

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) <b>Cardiothoracic Neoplasms</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Benign Neoplasm of Right Lung</b> DUE TO (c) <b>593X</b>		
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Feb 1954** to **June 22, 1955**, that I last saw the deceased alive on **June 29, 1955**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Payne M.D.</b>	23b. ADDRESS <b>R #13 Fulton Mo.</b>	23c. DATE SIGNED <b>6/23/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6/24/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HAMS PRAIRIE</b>
24d. LOCATION (City, town, or county) (State) <b>HAMS PRAIRIE MO</b>		

DATE REC'D BY LOCAL REG. <b>June 25-1955</b>	REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	4263	FUNERAL DIRECTOR'S SIGNATURE <b>Maupin Funeral Home</b>	ADDRESS <b>Fulton Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed *J. J. Rosson*.....

Licensed Embalmer No. *261*  
P. O. Address *Alton*.....

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.