

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20958

State File No. ....

FILED JUL 27 1955

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u> Registrar's No. <u>220</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> c. CITY OR TOWN <u>La Plata</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. CITY OR TOWN <u>Kirksville</u> (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>La Plata</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hosp</u>			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Sophronia</u> c. (Last) <u>Wise</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-15-55</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 3</u>	8. DATE OF BIRTH <u>Aug-7-1888</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR <u>10</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Luther Abraham</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Monemief</u>	14. NAME OF HUSBAND OR WIFE <u>John Wise</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Wise F. Madson</u> ADDRESS		
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>Pulmonary Embolus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease with Decompensation.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myxedema.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>  <u>1 year.</u>
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)		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>14 July, 1955</u> , to <u>15 July, 1955</u> , that I last saw the deceased alive on <u>15 July, 1955</u> , and that death occurred at <u>2:20 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Claus A. Rohwider M.D.</u>			23b. ADDRESS <u>Kirksville Mo.</u>		23c. DATE SIGNED <u>7-15-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Center</u>	24d. LOCATION (City, town, or county) (State) <u>Madison City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-19-55</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. S. Christie La Plata Mo.</u>		

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 *D. S. Christie*.....

Licensed Embalmer No. *1109*.....

P. O. Address *La Plata*.....

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.