

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22956

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 2046 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Monition</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monition</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Enon R.R. 0680</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LATHAM HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>EFFIE JANE WISER</u>			4. DATE OF DEATH <u>July 17-55</u>		
a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>DEC 3-1980</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.
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		11. BIRTHPLACE (State or foreign country) <u>Tusculum MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Wm Long</u>		13b. MOTHER'S MAIDEN NAME <u>Josephina Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Wiser</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Herb Wiser</u>		ADDRESS <u>Russellville MO</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		ANTECEDENT CAUSES		<u>2 Months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>5 years</u>	
DUE TO (b) <u>Generalized Arterio-sclerosis</u>		DUE TO (c) <u>4221</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 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 15, 1955, to July 17, 1955, that I last saw the deceased alive on July 17, 1955, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kernon Latham</u> (Degree or title) <u>M.D.</u>		23b. SIGNATURE <u>California, Mo.</u>		23c. DATE SIGNED <u>7-18-55</u>	
---	--	---------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENLOE CEM.</u>	
24d. LOCATION (City, town, or county) <u>Russellville</u>		(State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Stephens</u>	
DATE REC'D BY LOCAL REG. <u>7/20/55</u>		REGISTRAR'S SIGNATURE <u>W. Stephens</u>		ADDRESS <u>Russellville</u>	

(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

R. M. Stephens

Licensed Embalmer No. 2307

P. O. Address

Russellville

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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