

No. 300  
No. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29070**

FILED OCT 3-1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1048**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph</b> )		c. CITY OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. Is 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>1604 North 10th St.</b>		e. STREET ADDRESS (If rural, give location) <b>1604 North 10th St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Roy</b>	b. (Middle) <b>Elmer</b>	c. (Last) <b>Wise</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 27, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 28, 1886</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. (6Mo.) Grocer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocery</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William T. Wise</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Gates</b>	14. NAME OF HUSBAND OR WIFE <b>Anna M. Wise</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-07-3100</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs R.E. Wise</b>	ADDRESS <b>1604 No. 10th St. City</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4201</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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 7, 1955**, to **Sept. 14, 1955**, that I last saw the deceased alive on **Sept. 14, 1955**, and that death occurred at **4:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. H. Ryan M.D.</b>	23b. ADDRESS <b>301 No. 8th St., St. Joseph, Mo.</b>	23c. DATE SIGNED <b>9.28.55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 30, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Sept 29, 1955</b>	REG. NO. <b>485</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heroman W. Sideman</b>	ADDRESS <b>St. Joseph, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Ryan

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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.....

*Robert H. Yapp*

Licensed Embalmer No. 3308

P. O. Address St. Joseph,

**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.**