

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30214  
Stat. Print No.

BIRTH NO.		REG. DIST. NO. <u>224</u>	PRIMARY REG. DIST. NO. <u>3046</u>	Registrar's No. <u>56</u>
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Enon, Mo. Rural Burris Fork</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>0680</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Walter</u> c. (Last) <u>Wiser</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 - 55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 5th, 1873</u>	9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Russellville, Mo.</u>	
13a. FATHER'S NAME <u>James Wiser</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Enloe</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Martin Wyss Enon Mo.</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>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) <u>H221</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>10 years</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) (Min)		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>Feb 2</u> , 19 <u>51</u> , to <u>Sept 26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 25</u> , 19 <u>55</u> , and that death occurred at <u>5-30Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Benjamin Latham M.D.</u>		23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>9-26-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Enloe Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 6/55</u>		REGISTRAR'S SIGNATURE <u>H. L. Papey</u>		506 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffens</u> ADDRESS <u>Russellville Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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

*E. M. Steffens*

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 with the above constitutes grounds for revocation of license.)

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