FILED JUN 21 1956

THE DIVISION OF HEAL[redacted] MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19770

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 326

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 124 E. Lexington — Length of stay in 1b life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff 0124 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 124 E. Lexington St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First GEORGE Middle Last WISDOM

4. DATE OF DEATH Month Day Year 6-1-1956

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 7-20-1886

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) fireman

10b. KIND OF BUSINESS OR INDUSTRY MO Pac Railroad

11. BIRTHPLACE (City and state or country) Butler County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Leonard Wisdom

14. MOTHER'S MAIDEN NAME Mary E. Rushin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Ona Wisdom 124 E. Lexington Poplar Bluff

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c) He had first attack about 1 year ago

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1 1956, to 6-1 1956 and last saw him alive on 5-25-1956
Death occurred at 9:45 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M D

22b. ADDRESS Poplar Bluff, Mo.

22c. DATE SIGNED 6-4-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-3-56

23c. NAME OF CEMETERY OR CREMATORY Cochran Cemetery

23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR Greer Croy & Fitch — ADDRESS Poplar Bluff, Mo.

25. DATE REGD. BY LOCAL REG. 6/6/56

26. REGISTRAR'S SIGNATURE B H Munthee

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

489-0

RECEIVED
JUN 11 1956
BUTLER CO. HEALTH CENTER
FILE No._____

JUN 22 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Ray P. Adams

Licensed Embalmer No. 4

P. O. Address Poplar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
fo 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.