

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29809

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wayne</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ e. STREET ADDRESS (If rural, give location) <u>Galina Star Route 20 9-2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Wiseman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1956</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr. 21-1885</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR: Days <u>4</u> Hours <u>19</u> Min. _____	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lutesville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Randal James</u>		13b. MOTHER'S MAIDEN NAME <u>Myers</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph Wiseman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Wiseman</u>		18. ADDRESS <u>Galina Mo</u>		19. MEDICAL CERTIFICATION	
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.		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>Hypertension</u> DUE TO (c) <u>Serility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19 <u>38</u> , to <u>Sept. 10, 1956</u> , that I last saw the deceased alive on <u>Sept 9</u> , 19 <u>56</u> , and that death occurred <u>at home</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>E. C. Masters</u>		23b. ADDRESS <u>20 - 7 Advance Mo.</u>		23c. DATE SIGNED <u>Sept. 25 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-12-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co Memorial Park</u>		24d. LOCATION (City, town, or county) <u>Lutesville Mo</u>		24e. (State) _____	
DATE REC'D BY LOCAL REG. <u>9-27-56</u>		REGISTRAR'S SIGNATURE <u>Mo. Buford Crider</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn Morgan</u>		ADDRESS <u>Paxico Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9961 2 NON

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... *W^m H. Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Shelburne, Mo*

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.