

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 23 1957

BIRTH NO.		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4007</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> ✓					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Amazonia,</u>		c. LENGTH OF STAY (in this place township) <u>Most life</u>		c. CITY OR TOWN <u>Amazonia</u>		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 <u>Amazonia, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMOS</u>			b. (Middle) <u>CAPLES</u>		c. (Last) <u>WISEMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 24, 1891</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Millright</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nodaway Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>John L. Wiseman</u>			13b. MOTHER'S MAIDEN NAME <u>Lena B. Caples</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Allene Wiseman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-28-4316</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Allene Wiseman</u>		ADDRESS <u>Amazonia, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>					<u>15 yrs</u>		
		DUE TO (c)							
		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 <u>4 20 1</u>					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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>1-15</u> , 19 <u>57</u> , to <u>5-11</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-11</u> , 19 <u>57</u> , and that death occurred at <u>10:15P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Warren C. Balsam</u> (Degree or title)				23b. ADDRESS <u>Savannah Missouri</u>		23c. DATE SIGNED <u>5-11-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Amazonia Missouri</u>				
DATE REC'D BY LOCAL REG. <u>5-15-57</u>		REGISTRAR'S SIGNATURE <u>Lillian J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. James Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 29 1957

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 *Charles E. Bennett*

Licensed Embalmer No. *4672*

P. O. Address *St. Joseph, 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.