

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010983

STATE FILE NUMBER

FILED APR 7 1958

Registration District No.

274

Primary Registration District No.

5920

Registrar's No.

181

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hughesville</b>		c. CITY OR TOWN <b>Hughesville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 Mile N. Hughesville</b>		d. STREET ADDRESS (If outside, give location) <b>1 Mile North Hughesville</b>	
3. NAME OF DECEASED (Type or print) <b>RICHARD</b>		4. DATE OF DEATH Month <b>March</b> Day <b>31</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 5, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (In years last birthday) <b>70</b>
11. BIRTHPLACE (City and state or country) <b>Climax Springs</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Perry Wiseman</b>		13b. MOTHER'S MAIDEN NAME <b>Letha Douglas</b>	
14. NAME OF HUSBAND OR WIFE <b>Nora Nutt Wiseman</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>489-42-6855</b>		17. INFORMANT Address <b>Mrs. Nora Wiseman, Route #1, Hughesville, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Hypertensiv Heart Disease and failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 year</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Bronchopneumonia Influenza Type A</b>		<b>5 days</b>	
DUE TO (c) <b>Bronchial asthma</b>		<b>3 Years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>0</b>	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>Jan 1956</b> to <b>Mar 31 1958</b> and last saw her alive on <b>Mar 31, 58</b> Death occurred at <b>8,30 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>John Mc Neish MD</b>	
22b. ADDRESS <b>R# 1 Houstonia</b>		22c. DATE SIGNED <b>3,31,58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 2, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>D. W. HECKART, Sedalia, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>4-2-58</b>	
26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>			

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1958

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. 9-775 working under my personal supervision.

Student Robert Lee Shaffer  
Signature of Student Embalmer

Signed W. H. Eckart

Licensed Embalmer No. 3470  
P. O. Address Sedalia, 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.