

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011099

STATE FILE NUMBER

FILED MAR 17 1958

292

4434

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Ralls,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls,					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Center, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Center, Mo.			Length of stay in 1b		d. STREET ADDRESS Center, Mo.			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) NELSON				First IRA		Middle WISNER.		Last WISNER.	
4. DATE OF DEATH March 8, 1958		Month March		Day 8		Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 20, 1878		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Spalding, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME LaFayette Wisner.				14. MOTHER'S MAIDEN NAME Kate Brashears.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs Annie Wisner. Center, Mo.					
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis.								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.								DUE TO (b) _____	
								DUE TO (c) _____	
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"/> 2	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE WORK 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 no medical attention and last saw her alive on _____ Death occurred at 11:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Olydel. Wisney				(Degree or title) Coroner 3		22b. ADDRESS Center, Missouri		22c. DATE SIGNED 3-10-58	
23a. BURIAL CREMATION, REMOVED (Specify)		23b. DATE 3-11-58		23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery,		23d. LOCATION (City, town, or county) (State) Ralls Co, Missouri.			
24. FUNERAL DIRECTOR Olydel. Wisney				ADDRESS Perry, Mo.		25. DATE RECD. BY LOCAL REG. 3-10-58		26. REGISTRAR'S SIGNATURE Olydel. Wisney.	

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....

P. O. Address.....

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

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.

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