

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013217
State File No.

FILED APR 22 1958

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural - Wayne</u>		c. CITY OR TOWN <u>Sturdivant</u>	
c. LENGTH OF STAY (in this place) <u>25yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sturdivant, Missouri</u>		STREET ADDRESS (If rural, give location) <u>Wayne Twp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katie</u> b. (Middle) <u>-</u> c. (Last) <u>Wiseman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1958</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>3-11-84</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Anthony Shell</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Crites</u>	
14. NAME OF HUSBAND OR WIFE <u>A. W. Wiseman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. W. Wiseman, Sturdivant, 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (m.) _____		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 _____, 194 <u>0</u> , to <u>April 6</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>April 5</u> , 19 <u>58</u> , and that death occurred at _____ m., from the causes and on the date stated above.	

23a. SIGNATURE <u>E.C. Masters</u> (Degree or title) <u>Do. J.</u>		23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>April 8, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-8-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Memorial</u>	
24d. LOCATION (City, town, or county) (State) <u>Lutesville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Morgan, Advance, Mo.</u>		ADDRESS _____	

DATE REC'D BY LOCAL REG. <u>4/15/58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Morgan, Advance, Mo.</u>	
25. FUNERAL DIRECTOR'S ADDRESS _____		26. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE			

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

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

Wm H. Morgan

Licensed Embalmer No. 464

P. O. Address Advance

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.