

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-015332

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. **292** Primary Registration District No. **4434** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls, b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center, Missouri c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Center, Mo. Length of stay in lb _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls, c. CITY OR TOWN Center, Missouri d. STREET ADDRESS (If outside, give location) Center, Mo. Reside on Farm Yes ☐ No ☒					
3. NAME OF DECEASED (Type or print) First NELSON Middle IRA Last WISNER.				4. DATE OF DEATH Month March Day 8, Year 1958					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH June 20, 1878		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Spalding, Missouri.		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) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Anna Wisner. Center, Missouri.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Angina Pectoris DUE TO (c) unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) None Known								INTERVAL BETWEEN ONSET AND DEATH 1 min 1 year	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____						
20c. TIME OF INJURY. Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐						
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 March 1 '57 to March 8 '58 and last saw him alive on March 8 '58 Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) E. H. Brooks D.O.				22b. ADDRESS Center, Missouri.		22c. DATE SIGNED 310-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-11-1958		23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery.		23d. LOCATION (City, town, or county) Hannibal, Missouri.			
24. FUNERAL DIRECTOR ADDRESS Clyde Wilkey, Perry, Mo.				25. DATE RECD. BY LOCAL REG. 3-11-1958		26. REGISTRAR'S SIGNATURE Thomas C. Dutton			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clyde C. Wiley
Licensed Embalmer No. 38

P. O. Address Penryn

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.