

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033252
State File No.

FILED SEP 30 1958

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 452

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Galena	
c. LENGTH OF STAY (In this place) 5 hrs.		d. STREET ADDRESS (If rural, give location) Route 1 8150 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST'		b. (Middle) TOD	c. (Last) WISNER
4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1958			
5. SEX Male O	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan. 9, 1914
9. AGE (In years last birthday) 44 yrs	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Galena, Kansas
			12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Todd Wisner		13b. MOTHER'S MAIDEN NAME Bertie Wyren	14. NAME OF HUSBAND OR WIFE Annabelle Wisner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 11 515-09-0736	17. INFORMANT'S SIGNATURE OR NAME Mrs. Annabelle Wisner
			ADDRESS Galena, Ks.
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.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 7 hrs
		ANTECEDENT CAUSES	
		DUE TO (b) Malignant Hypertension	10 mo.
		DUE TO (c) Uremia Chronic	1 year
		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	20. AUTOPSY? 2 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) (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 Jan 1958, to Sept 24, 1958, that I last saw the deceased alive on 9/24, 1958, and that death occurred at 1 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul H. Grubb M.D.		23b. ADDRESS Galena, Kansas	23c. DATE SIGNED 9/24/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/24/58	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Galena, Kansas
DATE REC'D BY LOCAL REG. 9-24-58		REGISTRAR'S SIGNATURE Dove Merriam	25. FUNERAL DIRECTOR'S SIGNATURE (Address) Lloyd Kitch Galena, Kansas

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1958

SEP 1 1958

OCT 2 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.

working under my personal supervision.

Signed F. M. Jones.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.