Health, & Welfare Public Service

S. 300 1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035956

STATE FILE NUMBER

FILED OCT 16 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kennett — Inside Limits: Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hosp. — Length of stay in Ib: 13 Hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Senath — Inside Limits: Yes # No
d. STREET ADDRESS (If outside, give location): 035 Gen. Del. — Reside on Farm: Yes No #

3. NAME OF DECEASED (Type or print): First: Patrick Middle: Henry Last: Wise
4. DATE OF DEATH: Month Oct. Day 8 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED NEVER MARRIED # WIDOWED DIVORCED
8. DATE OF BIRTH: Dec. 30, 1921
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 9 Days 8 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Chesterfield, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Pat Wise
13b. MOTHER'S MAIDEN NAME: Nomie Haggard
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 409-12-7862
17. INFORMANT: Nomie Wise, Address: Senath, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Do not use only standard nomenclature in Item 18. No symptoms will be listed.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Irreversible Shock — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Internal Hemorrhage — 22 hours
DUE TO (c) Rupture of Caudate Lobe of Liver
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 983X
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE ✓
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Hit in Stomach by fist
20c. TIME OF INJURY Hour 10 a.m. p.m. Month, Day, Year 10-7-58
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.) Street
20f. CITY, TOWN, OR LOCATION Senath COUNTY Dunklin STATE Mo.

21. I attended the deceased from Oct 8 1958, to Oct 8, 1958 and last saw her him alive on Oct 8, 1958 AM
Death occurred at 8:30 AM Oct 8, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles H Merryman (Degree or title) MD
22b. ADDRESS: Senath, Mo.
22c. DATE SIGNED: Oct 10, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/11/58
23c. NAME OF CEMETERY OR CREMATORY: Senath
23d. LOCATION (City, town, or county) (State): Senath, Missouri

24. FUNERAL DIRECTOR: McDaniel Funeral Service, ADDRESS Senath Mo.
25. DATE RECD. BY LOCAL REG.: 10-16-58
26. REGISTRAR'S SIGNATURE: Thomas L Williamson

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 3 19..

OCT 20 1958

DEPARTMENT .....

COUNTY FILE NUMBER 1058-232

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 Hubert B. Baird

Licensed Embalmer No. 888

P. O. Address Kennett, 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.