

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006700

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 292 Primary Registration District No. 4436 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) Inside Limits OR New London, Mo. Yes ☒ No ☐				c. CITY OR TOWN New London, Mo. Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New London, Mo. Length of stay in lb 20Yrs				d. STREET ADDRESS (If outside, give location) New London, Mo. Reside on Form Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First CLYDE Middle N. Last WISEMAN.				4. DATE OF DEATH Month March Day 9 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH July 14, 1903	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		100. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and state or country) Lewis County, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and state or country) Lewis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph C. Wiseman.				14. MOTHER'S MAIDEN NAME Eliza Jane Nelson.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War #2.				16. SOCIAL SECURITY NO. 409-07-6557		17. INFORMANT Address Leland Wiseman, Quincy, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Endocarditis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201							INTERVAL BETWEEN ONSET AND DEATH None
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
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.) Perry, Mo.			
20f. CITY, TOWN, OR LOCATION Perry, Mo.				20g. COUNTY Ralls County.			
20h. STATE Missouri							
21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at 8:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Clyde C. Wiseman, Coroner. 3				22b. ADDRESS Perry, Mo. Ralls County.		22c. DATE SIGNED 3-9-59	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-11-59		23c. NAME OF CEMETERY OR CREMATORY Nelsonville, Cemetery, Nelsonville, Mo.		23d. LOCATION (City, town, or county) (State) Nelsonville, Mo.	
24. FUNERAL DIRECTOR ADDRESS Clyde C. Wiseman, Perry, Mo.				25. DATE RECD. BY LOCAL REG. 3-9-1959		26. REGISTRAR'S SIGNATURE Clyde C. Wiseman	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

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Health,
Welfare
Public
Service

Mar 16 1959

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.....

Licensed Embalmer No.....

P. O. Address.....

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