

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036861

FILED VS NOV 16 1959

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 166

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Macon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u> Length of stay in 1b <u>10 days</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>College Mound</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <u>R.F.D.</u> (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First <u>Susan</u> Middle <u>Elizabeth</u> Last <u>Wisdom</u>			4. DATE OF DEATH Month <u>September</u> Day <u>27</u> Year <u>1959</u>														
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/18/1883</u>	9. AGE (last birthday) <u>76</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">IF UNDER 1 YEAR</th> <th colspan="2">IF UNDER 24 HR</th> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> <td>Min.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	IF UNDER 1 YEAR		IF UNDER 24 HR		Months	Days	Hours	Min.				
IF UNDER 1 YEAR		IF UNDER 24 HR															
Months	Days	Hours	Min.														
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and state or country) <u>College Mound, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>											
13a. FATHER'S NAME <u>James B. Matlock</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Richmond</u>		14. NAME OF HUSBAND OR WIFE <u>Noah Wisdom</u>												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>Noah Wisdom, Callao, Missouri</u>												
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic endocarditis</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown												
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 													
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Jan. 2, 1958</u> to <u>Sept. 27, 1959</u> and last saw ^{her} <u>him</u> alive on <u>Sept. 26, 1959</u> Death occurred at <u>1:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE (Degree or title) <u>C. S. Edwards M.D.</u>				22b. ADDRESS <u>Macon, Missouri</u>		22c. DATE SIGNED <u>11/2/59</u>											
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/29/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		23d. LOCATION (City, town, or county) (State) <u>Randolph County, Missouri</u>												
24. FUNERAL DIRECTOR ADDRESS <u>Lester Hutton Macon, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>11/2/59</u>		26. REGISTRAR'S SIGNATURE <u>Cuth M. Neely</u>												

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. (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.