JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 23 1960

=60-022185

STATE FILE NUMBER

NDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 186

1. PLACE OF DEATH
a. COUNTY ADAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE — Length of stay in 1b: 2 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGHLIN HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY SHELBY
c. CITY OR TOWN CLARENCE — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD # 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MARJORIE Middle LEE Last WISE
4. DATE OF DEATH: Month MAY Day 24 Year 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: FEB 2, 1928
9. AGE (last birthday): 32
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (City and state or country): ARIZONA
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: HUGH HOWELL
13b. MOTHER'S MAIDEN NAME: VELMA LURA HANNON
14. NAME OF HUSBAND OR WIFE: ARNETT WISE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 527-38-8236
17. INFORMANT: ARNETT WISE Address: CLARENCE Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MASSIVE C.V.A. with HEMORRHAGE into VENTRICLES — INTERVAL BETWEEN ONSET AND DEATH: 5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (UNKNOWN)
DUE TO (c) HYPERTENSIVE HEART DISEASE AND NEPHROSCLEROSIS
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. ☐ Yes ☐ No ☐ Unknown

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.)
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-24-60, to 5-24-60 and last saw her alive on 5-24-60
Death occurred at 4.30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Kirksville, Mo
22c. DATE SIGNED 6-20-60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE 5-27-60
23c. NAME OF CEMETERY OR CREMATORY MORRIS CHAPEL CEMETERY
23d. LOCATION (City, town, or county) SHELBY COUNTY (State) MO
24. FUNERAL DIRECTOR GREENING ADDRESS CLARENCE MO
25. DATE RECD. BY LOCAL REG. 6-21-1960
26. REGISTRAR'S SIGNATURE Dora W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

EARL LAUGHLIN, JR. D.O.

VS JUN 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles V. Freem

Signature of Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Clarence

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