

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028946

FILED VS AUG 8 1960

318

Primary Registration District No. 1003

Registrar's No. 7351

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN Baden (St. Louis)		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4626 Moraine		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle J. Last Wise			4. DATE OF DEATH Month July Day 23 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/27/1909	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months 11 Days 26 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10b. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (City and state or country) Newport, Arkansas	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Robert J. Wise		13b. MOTHER'S MAIDEN NAME Marilee Dillard		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 413-14-5642		17. INFORMANT Mrs. Mary Watson 444 Melville Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Hypertensive cardio-vascular disease DUE TO (c) 420.1 7-26-60 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 day 10 yrs.
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Month, Day, Year a.m. p.m.			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		
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 1930 July 23 and last saw her alive on May 1960 Death occurred at 7:00 m on the date stated above, and to the best of my knowledge from the causes stated.					
22a. SIGNATURE George W. Stuer, M.D.		22b. ADDRESS 600 N. Harlow Blvd.		22c. DATE SIGNED 7-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7/24/60		23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	
23d. LOCATION (City, town, or county) Newport, Arkansas		23e. DATE RECD. BY LOCAL REG. JUL 24 1960		23f. REGISTRAR'S SIGNATURE Road Smith, M.D.	
24. FUNERAL DIRECTOR C., R. Lupton and sons 7233 Delmar			24. ADDRESS 7233 Delmar		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m. g. B.

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 _____
Signature of Student Embalmer

Signed Clarence L. Smith

Licensed Embalmer No. 4011

P. O. Address St. Paul

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