

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034569

FILED VS OCT 4 1960

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Registration District No. _____ Primary Registration District No. 5536 Registrar's No. 59

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oregon (Rural) Lewis twp		c. CITY OR TOWN Oregon (Rural) Lewis twp	
Length of stay in 1b 18 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last James Anthony Wise			4. DATE OF DEATH Month Day Year September 22 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/12/1877	9. AGE (last birthday) 83 years	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) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Shelby County, Illinois		12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Soloman Wise		13b. MOTHER'S MAIDEN NAME Rebecca		14. NAME OF HUSBAND OR WIFE Mabel Wise	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Keith Gifford	
				Address Forest City, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident			INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis				years.
DUE TO (c) Generalized Arteriosclerosis				years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure			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 checked="" 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 MOUND CITY, MO.	COUNTY Missouri	STATE
21. I attended the deceased from July 1960 to Sept 22, 1960 and last saw her alive on Sept 22, 1960 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE James Humphrey W.D.		22b. ADDRESS MOUND CITY, MO.		22c. DATE SIGNED Sept 26, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 9/25/1960	23c. NAME OF CEMETERY OR CREMATORY Union Star Cemetery	23d. LOCATION (City, town, or county) Union Star	(State) Missouri

24. FUNERAL DIRECTOR James H. Pitzler	ADDRESS Oregon Mo.	25. DATE RECD. BY LOCAL REG. 9-26-1960	26. REGISTRAR'S SIGNATURE James H. Pitzler
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 18 1960

OCT 24 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 _____
Signature of Student Embalmer

Signed

James H. Pettigrove

Licensed Embalmer No. 3192

P. O. Address Oregon, Mo.

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.