

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047052

FILED VS DEC 19 1960

NDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 423 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Route 4		c. CITY OR TOWN Sedalia Route 4	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sedalia Route 4		d. STREET ADDRESS (If outside, give location) Sedalia Route 4	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES EDWARD WISE		4. DATE OF DEATH Month Day Year December 13, 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/28/1874
9. AGE (last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	
11. BIRTHPLACE (City and state or country) Minersville, Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Francis Marion Wise		13b. MOTHER'S MAIDEN NAME Anna Wilson	
14. NAME OF HUSBAND OR WIFE Ida Wise		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *****	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Ida Wise Route 4 Sedalia, 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) Hypo Static Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Cardiac Failure DUE TO (c) Coronary insufficiency		INTERVAL BETWEEN ONSET AND DEATH 10 Days 1-2 yrs. 2-3 yrs.	
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 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 COUNTY STATE	
21. I attended the deceased from Nov. 22, '60 to Dec. 13, '60 and last saw him alive on Dec. 13, 1960 Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald K. Kirby M.D.		22b. ADDRESS 814 W. 16th Sedalia, Mo.	
22c. DATE SIGNED 12-16-60		23a. NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery	
23b. DATE 12/16/60		23c. LOCATION (City, town, or county) Pettis County Missouri	
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial		24. GENERAL DIRECTOR Thane Ewing	
25. DATE RECD. BY LOCAL REG. 7th & Osage, Sedalia, Mo. 12-16-1960		26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

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

P. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Seclalia, W.*

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.