

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005888

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 36

AMENDED

FILED VS FEB 9 7 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson Length of stay in 1b 1 yr, 7 mo, 9 da
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Adams
c. CITY OR TOWN Quincy Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1875 Grover Ave Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Henry Middle Edgar Last Wisherd 4. DATE OF DEATH Month January Day 19 Year 1961

5. SEX Male 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/17/1880 9. AGE (last birthday) 80 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) Owner Sea Foods Dist 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Quincy, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME David N. Wisherd 13b. MOTHER'S MAIDEN NAME Sarah Hamilton 14. NAME OF HUSBAND OR WIFE Grace Wisherd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Mrs. Grace Wisherd Quincy, Ill. 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) Congestive Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Senile Prolonged Recumbency Necessitated by Psychosis 1 yr.
DUE TO (c) Arteriosclerosis 10-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. 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 June 10, 1959 to January 19, 1961 and last saw him xx alive on January 19, 1961
Death occurred at 6:06 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. D. Perkins D.O. (Degree or title) 22b. ADDRESS Macon, Missouri 22c. DATE SIGNED 1/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan. 23-61 23c. NAME OF CEMETERY OR CREMATORY Quincy Memorial Park 23d. LOCATION (City, town, or county) (State) Quincy, Illinois

24. FUNERAL DIRECTOR Daugherty Funeral Home Quincy, Ill. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 1-20-61 26. REGISTRAR'S SIGNATURE Kath McNeely

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svb tvonr 2731

VS FEB 27 1961

NOTICE: THIS STATEMENT IS TO BE FILED WITH THE BODY

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

14

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, MA

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.

UNCLASSIFIED