

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008500

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 42

STATE FILE NUMBER

FILED APR 10 1961

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Harrison</u> | a. STATE <u>Mo</u> | b. COUNTY <u>HARRISON</u> | b. COUNTY <u>HARRISON</u> |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bethany</u> | Length of stay in 1b <u>1 DAY</u> | c. CITY OR TOWN <u>Ridgeway RR2</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Mem. Hosp</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>12 Mi. S.E. Ridgeway</u> | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Earl Wisman</u> | | | 4. DATE OF DEATH Month Day Year <u>April 3, 1961</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-15-1908</u> |
| 9. AGE (last birthday) <u>52</u> | 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) <u>Railroad</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | 11. BIRTHPLACE (City and state or country) <u>Coffey, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |
| 13a. FATHER'S NAME <u>Hugh Wisman</u> | 13b. MOTHER'S MAIDEN NAME <u>Mauda Marshall</u> | 14. NAME OF HUSBAND OR WIFE <u>Alberta M. Wisman</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII UNKNOWN</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Alberta M. Wisman - Ridgeway, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> | | | <u>24 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| DUE TO (b) <u>Atherosclerotic Coronary Artery Disease</u> | | | <u>years</u> |
| DUE TO (c) | | | |
| 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 <u>3-27-61</u> to <u>4-3-61</u> and last saw ^{her} him alive on <u>4-2-61</u> Death occurred at <u>2:25</u> <u>a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Albert Ambe M.D.</u> (Degree, or title) | | 22b. ADDRESS <u>Bethany, Mo.</u> | 22c. DATE SIGNED <u>4-4-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-6-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Comotery</u> | 23d. LOCATION (City, town, or county) (State) <u>Bluthedale, Mo</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Gerald W. Boggess - Eagleville, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-5-1961</u> | 26. REGISTRAR'S SIGNATURE <u>G. Jella Moxey</u> |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 18 1961

MS APR 12 1961

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 Herald W. Boggers

Licensed Embalmer No. 4762

P. O. Address Eagleville, Va.

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.