SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014614
STATE FILE NUMBER

AMENDED

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 9

FILED MAY 10 1961

1. PLACE OF DEATH
a. COUNTY QOSAGE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford Twp — Length of stay in 1b: 5½ months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Manor Rest Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY OSAGE
c. CITY OR TOWN Linn — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: ANNA Middle: ***** Last: WISSMAN
4. DATE OF DEATH Month: MAY Day: 8 Year: 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/5/1878
9. AGE (last birthday): 83 — 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): house wife
10b. KIND OF BUSINESS OR INDUSTRY: home-maker
11. BIRTHPLACE (City and state or country): Woolem Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Fritz Schaepperkoetter
13b. MOTHER'S MAIDEN NAME: Wilamina Bentlage
14. NAME OF HUSBAND OR WIFE: William Wissman (dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Authur Wissman Address: Linn Mo R D

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 10-1-60, to 5-8-61 and last saw her/him alive on 5-4-61
Death occurred at 3:00 am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Thomas W. Baldwin (Degree or title) DO
22b. ADDRESS Linn
22c. DATE SIGNED 5-8-61.
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10 May 1961
23c. NAME OF CEMETERY OR CREMATORY: Bay E. & R Cemetery
23d. LOCATION (City, town, or county) (State): Bay Gasconade County, Mo.
24. FUNERAL DIRECTOR: Clyde Morton ADDRESS: Linn, Mo.
25. DATE RECD. BY LOCAL REG.: May 9, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clyde Morton

(Licensed Embalmer's Statement on Reverse Side)

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

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, Mo

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.