

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024641
STATE FILE NUMBER

AMENDED Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 72

FILED JUL 24 1961

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem, Missouri		c. CITY OR TOWN Bunker	
Length of stay in 1b 86yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Hospital		d. STREET ADDRESS (If outside, give location) R.F.D.	
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 Wiley Gilbert Wisdom			4. DATE OF DEATH Month Day Year July 18, 1961
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 4-13-75
9. AGE (last birthday) 86		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Reynolds Co., Mo.
12. CITIZEN OF WHAT COUNTRY U. S.A.		13a. FATHER'S NAME Jackie Wisdom	
13b. MOTHER'S MAIDEN NAME Emaline Darr		14. NAME OF HUSBAND OR WIFE Nancy Shaw	
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. X	
17. INFORMANT Leonard Wisdom, Bunker, Mo.		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) Cerebral Arteriosclerosis DUE TO (b) Encephalopathy due to arteriosclerosis DUE TO (c) (9594) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 7-18-61 to 7-18-61 and last saw her/him alive on 7-18-61 Death occurred at 6:20p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Marta M. Hart</i> (Degree or title)		22b. ADDRESS Salem, Mo	22c. DATE SIGNED 7/21/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE July 21, 1961	23c. NAME OF CEMETERY OR CREMATORY Greeley Cem.	23d. LOCATION (City, town, or county) (State) Reynolds Co., Mo.
24. FUNERAL DIRECTOR Spencer Funeral Home Inc., Salem, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 7/21/61	26. REGISTRAR'S SIGNATURE <i>M. M. Hart, M.D., by Ann</i>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUL 25 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 Carl K. Spencer

Licensed Embalmer No. 2724

P. O. Address Salmon

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.