

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037595

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 85

STATE FILE NUMBER

AMENDED FILED NOV 15 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only), OR TOWN <u>HIGHLAND TOWNSHIP</u>		c. CITY OR TOWN <u>Ewing</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile west of DURHAM</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>WILBER</u> Middle <u>RAINES</u> Last <u>WISEMAN</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>5</u> Year <u>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>12-30-1938</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>22</u>
11. BIRTHPLACE (City and state or country) <u>MINN.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RAINS WILBEY WISEMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MYRTLE HUBBARD</u>	
14. NAME OF HUSBAND OR WIFE <u>CAROLYN WISEMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>MERLE WISEMAN Ewing Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull fracture</u> DUE TO (b) <u>Multiple body injuries</u> DUE TO (c) <u>Possible broken neck</u> 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) <u>Car accident</u>			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 checked="" 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.) <u>Car went out of control, overturned</u>	
20c. TIME OF INJURY Hour <u>2 A.M.</u> a.m. p.m. Month, Day, Year <u>11-5-61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Gravel road</u>	20e. CITY, TOWN, OR LOCATION <u>Ewing</u>	COUNTY <u>Mo.</u> STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Earl H. Bashly Coroner</u>		22b. ADDRESS <u>Ewing, Mo.</u>	22c. DATE SIGNED <u>11-9-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-14-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maroon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ewing, Mo.</u>
24. FUNERAL DIRECTOR <u>Thomas Ball, Ewing, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-10-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>	

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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

L. M. Crabill

Licensed Embalmer No.

4905

P. O. Address

Ewing, 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.