

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014366

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 6-89

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1962

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 28 yrs	c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 914 Butler Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MEMPHIS ROMAN WISDOM		4. DATE OF DEATH Month Day Year April 8, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/3/1921 9. AGE (last birthday) 40 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) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Board Public Works Bunker, Mo	11. BIRTHPLACE (City and state or country) U. S. A. 12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Marion Wisdom		13b. MOTHER'S MAIDEN NAME Maude Montgomery	14. NAME OF HUSBAND OR WIFE Mrs. Imogene Wisdom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. WW2		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Mrs. Imogene Wisdom, Poplar Bluff
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Retroperitoneal reticulum cell sarcoma			INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Exploration of retroperitoneal space with biopsy			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 4/4/62 to 4/8/62 and last saw him alive on 4/7/62 Death occurred at 6:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) E. T. Hansbrough, M. D.		22b. ADDRESS Poplar Bluff, Missouri	22c. DATE SIGNED 4/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/10/1962	23c. NAME OF CEMETERY OR CREMATORY Black Creek	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri.
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Chapel, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 4/4/1962	26. REGISTRAR'S SIGNATURE <i>Thelma Graham</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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USE BLACK INK OR TYPEWRITER RIBBON

APR 17 1962

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 E. Young

Licensed Embalmer No. 1877

P. O. Address Poplar Bluff 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.