

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014802

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 28

FILED MAY 9 1962

1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Herman, Gasconade, Mo.

Length of stay in 1b

4 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Gutz Farm

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Gasconade

c. CITY OR TOWN

Herman

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rt. 1

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

Beatrice

First

Wisdom

Middle

Last

4. DATE OF DEATH

April 25, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-12-1889

9. AGE (last birthday)

73

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Heartst

13b. MOTHER'S MAIDEN NAME

Belle Bowen

14. NAME OF HUSBAND OR WIFE

John Winford Wisdom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

No

None

None

John W. Wisdom, Herman, Mo.

Herman, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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.

☐ 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 1961 to 4-25-62 and last saw her him alive on 4-25-62
Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George M. Workman

22b. ADDRESS

Herman, Mo.

22c. DATE SIGNED

4-26-62

23a. BURIAL, CREATION, REMOVAL (Specify)

Buried

23b. DATE

4-28-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

St. Louis Co., Missouri

(State)

24. FUNERAL DIRECTOR

Paul D. Franklin, Cuba, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-27-62

26. REGISTRAR'S SIGNATURE

Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10370
83702
3
4 1
5 1
6
7 0
8 0
94200
10
11
1290-0
131-0

3981 MAY 6 AM 11:30

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

Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.