

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018527

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. _____ Registrar's No. 49

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 21 1962

1. PLACE OF DEATH
 a. COUNTY **Dent County**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Salem, Mo. Springcreek Twp.** Length of stay in 1b **10 yr**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Hart Clinic, Salem, Mo.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Dent**
 c. CITY OR TOWN **Salem, Missouri** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Salem, Missouri** Residence on Farm Yes No

3. NAME OF DECEASED First **Mertie** Middle **Wisdom** Last
 4. DATE OF DEATH Month **May** Day **15** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **3-27-1895** 9. AGE (last birthday) **67 6/6** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Housekeeping** 11. BIRTHPLACE (City and state or country) **Reynolds, County** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Harvey Blankenship** 13b. MOTHER'S MAIDEN NAME **May Parks** 14. NAME OF HUSBAND OR WIFE **Sarge Wisdom**

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. **X** 17. INFORMANT **Thelma Wisdom Stephens, Salem, 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) **Arteriosclerotic heart disease (410-516)** INTERVAL BETWEEN ONSET AND DEATH
 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)
 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 5/24/45 to 5/15/62 and last saw her alive on 5/15/62
 Death occurred 9:00 a _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Doctor or title) 22b. ADDRESS **Salem Missouri** 22c. DATE SIGNED **5/17/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **5-17-62** 23c. NAME OF CEMETERY OR CREMATORY **Cedar Grove** 23d. LOCATION (City, town, or county) **Salem, Mo.** (State)

24. FUNERAL DIRECTOR **SPENCER FUNERAL HOME INC. Salem, Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **5/17/62** 26. REGISTRAR'S SIGNATURE *[Signature]*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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JUN 5 1962

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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 Carl H. J. [Signature]

Licensed Embalmer No. 2370
P. O. Address Salmon Me

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.