

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023548

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 296

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 17 1963

VS 300
Rev. 4/59
10160
20160
3
4 1
5 0
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99298
10 42
11 016
12 91-3
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DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shawnee		Length of stay in lb few minutes	c. CITY OR TOWN Cape Girardeau
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indian Creek on Rt. # 177		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 419 S. Pacific
3. NAME OF DECEASED First Linda Middle Darleen Last Wiseman			4. DATE OF DEATH June 14, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE (last birthday) 12
13a. FATHER'S NAME Bardis Wiseman		13b. MOTHER'S MAIDEN NAME Mary Evelyn Medling	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo. U. S. A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. *****	12. CITIZEN OF WHAT COUNTRY U. S. A.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning			14. NAME OF HUSBAND OR WIFE NONE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			17. INFORMANT Bardis Wiseman Cape Gir., Mo.
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 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.) 4 girls were swimming in Indian Creek near #	
20c. TIME OF INJURY 1:00 p.m.	Month, Day, Year 6-14-63	177 at the Bray farm. They lost hold of a log & drowned.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Indian Creek	20f. CITY, TOWN, OR LOCATION near Neelys Landing Cape, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from ***** to ***** and last saw her alive on ***** . Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. J. Ford (Degree or title) Coroner		22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 6-15-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-16-1963	23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery	23d. LOCATION (City, town, or county) Oran, Mo. (State) _____
24. FUNERAL DIRECTOR Ford & Sons ADDRESS Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. 6-15-63	26. REGISTRAR'S SIGNATURE Grenni Kasten

USE BLACK INK OR TYPEWRITER RIBBON

JUN 19 1963

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 _____

W. J. Fred

Licensed Embalmer No. 5051

P. O. Address Cape Girardeau, 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.