

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025338

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

213

STATE FILE NUMBER

FILED JUN 25 1963

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Length of stay in 1b <u>1 week</u>	c. CITY OR TOWN <u>EDWARDS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>—</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>VIOLA BIANCHE WISE</u>		4. DATE OF DEATH Month Day Year <u>JUNE 14 1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Sept 11 1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook for School</u>	9. AGE (last birthday) <u>55</u>
11a. BIRTHPLACE (City and state or country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Earl David Hairline</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie E. Hairline</u>	
14. NAME OF HUSBAND OR WIFE <u>Divorced</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. <u>493-38-4806</u>		17. INFORMANT <u>Mrs Jaddy Wise - Warsaw, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, left breast</u> 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) <u>Metastases to lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Aug 1962</u> <u>(10 mo)</u>	
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 <u>11/13/62</u> to <u>6/14/63</u> and last saw her alive on <u>6/13/63</u> . Death occurred at <u>2:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John E. Ramsey M.D.</u>		22b. ADDRESS <u>1609 So. Permit Sedalia MO</u>	
22c. DATE SIGNED <u>6/17/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial June 16, 1963 Bethel Comp Ground, Edwards Benton Co. Mo</u>	
23b. DATE <u>June 16, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Edwards Benton Co. Mo</u>	
23d. LOCATION (City, town, or county) <u>Edwards Benton Co. Mo</u>		23e. DATE RECD. BY LOCAL REG. <u>June 16, 1963</u>	
24. REGISTRAR'S SIGNATURE <u>John F. Reser</u>		25. REGISTRAR'S SIGNATURE <u>Francis Shelby R. Anderson</u>	

USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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

*John F. Reser*

Licensed Embalmer No.

*4098*

P. O. Address

*Warsaw*

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.