

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037122

Registration District No. 274 Primary Registration District No. 305 2 Registrar's No. 339

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0808

2 0808

3

4 0

5 1

6

7 1

8 2

9 4200

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

10-17-63

Longwood Cemetery Sedalia, Mo.

23c Memorial Park Cemetery Sedalia, Mo.

10-17-63

Longwood Cemetery Sedalia, Mo.

23d Memorial Park Cemetery Sedalia, Mo.

DOCUMENT

BY AFFIDAVIT OF Em. Director

1. PLACE OF DEATH  
a. COUNTY Pettis

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

Length of stay in 1b  
50 years

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

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Pettis

c. CITY OR TOWN Sedalia

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1516 East Broadway

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First JACOB

Middle J.

Last WISSMAN

4. DATE OF DEATH  
Month September Day 28, Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/22/98

9. AGE (last birthday) 64

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)  
Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY  
Railroad Shops

11. BIRTHPLACE (City and state or country)  
Holland, Iowa

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
Jacob Wissman

13b. MOTHER'S MAIDEN NAME  
Gretje Pepplemier

14. NAME OF HUSBAND OR WIFE  
Maude Davis Wissman

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

16. SOCIAL SECURITY NO.  
702-16-1581

17. INFORMANT Address  
Mrs. Maude F. Wissman, 1516 E. Broadway Sedalia, 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)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
2 minutes

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)

Arteriosclerotic Heart disease, old. Hypertension

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 Month, Day, Year  
a.m. p.m.

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 Sept. 29, 1961 to Sept. 23, 1963 and last saw him alive on 9-23-63  
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Albert J. Campbell M.D.

22b. ADDRESS 312 1/2 So. Ohio, Sedalia Mo  
22c. DATE SIGNED 9-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE 9/30/63

23c. NAME OF CEMETERY OR CREMATORY  
Memorial Park Cemetery  
Longwood Cemetery

23d. LOCATION (City, town, or county) (State)  
Sedalia, Missouri

24. GENERAL DIRECTOR ADDRESS  
Nathan Ewing Sedalia, Mo.

25. DATE RECD. BY LOCAL REG. 9-30-1963

26. REGISTRAR'S SIGNATURE  
Shelly R. Anderson

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Oct 23 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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.