

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

183-043106
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 324

DO NOT WRITE ON THIS STUB
AMENDED

FILLED NOV 19 1963

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton	Length of stay in 1b 20 Yrs	c. CITY OR TOWN Fulton	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 211 West 5th St.

3. NAME OF DECEASED (Type or print) First Bessie Middle Lee Last Wise			4. DATE OF DEATH Month Nov , Day 13 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/5/1878	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
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) Frankford, Ky.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John W. Frost		13b. MOTHER'S MAIDEN NAME Martha Kelly		14. NAME OF HUSBAND OR WIFE James T. Wise	

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. [Redacted]	17. INFORMANT Address Mrs. R.A. Neill, Fulton, Mo
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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 Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min >
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	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. <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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Fulton	COUNTY Callaway	STATE Missouri
21. I attended the deceased from 1955 to Death and last saw her alive on 11-12-63 Death occurred at 745 A m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE John J. Brown MD	(Degree or title)	22b. ADDRESS Fulton, Mo	22c. DATE SIGNED 11-13-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov, 14, 1963	23c. NAME OF CEMETERY OR CREMATORY Millersburg Cemetery	23d. LOCATION (City, town, or county) Millersburg, Mo

24. FUNERAL DIRECTOR Browning Funeral Home, Fulton, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov-13-1963	26. REGISTRAR'S SIGNATURE Martha Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
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 20147
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON

NOV 27 1963

OS

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 *A. H. Massey*

Licensed Embalmer No. 4996

P. O. Address Fulton 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.