

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30069**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **440**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ballinger	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (If this place) 4 days	c. CITY OR TOWN Stuedward
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hosp.		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 2090			

3. NAME OF DECEASED (Type or Print)	a. (First) TROY	b. (Middle) Lee	c. (Last) Wiseman	4. DATE OF DEATH (Month) (Day) (Year) 9-12-56
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24, 1905	9. AGE (In years last birthday) 50	10. UNDER 1 YEAR Months 10 Days 18	11. UNDER 1 MRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw mill	10b. KIND OF BUSINESS OR INDUSTRY Saw mill	11. BIRTHPLACE (City and State or Foreign Country) Ballinger Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Adam Wiseman	13b. MOTHER'S MAIDEN NAME Kate Shell	14. NAME OF HUSBAND OR WIFE Bessie Vogt Wiseman
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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. 496 186435	17. INFORMANT'S SIGNATURE OR NAME Lester Wiseman	ADDRESS Clinton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Intoxication		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary to some cause for which I was unable to secure		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Secerns		

19a. DATE OF OPERATION 9-12-56	19b. MAJOR FINDINGS OF OPERATION ?	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 592X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Sept. 9th 1956**, to **Sept. 12th 1956**, that I last saw the deceased alive on **Sept. 12th 1956**, and that death occurred at **5:25 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albion Estes MD	23b. ADDRESS 714 Broadway, Cape Girardeau, Mo.	23c. DATE SIGNED 9/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-56	24c. NAME OF CEMETERY OR CREMATORY Ballinger Co. Cemetery	24d. LOCATION (City, town, or county) (State) Satesville Mo.
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DATE REC'D BY LOCAL REG. 9-28-56	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Morgan	ADDRESS Clinton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-0

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.....
Wm. H. Morgan

Licensed Embalmer No. *4640*

P. O. Address *Adams,*

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.