

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013217
State File No.

FILED APR 22 1958

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural -Wayne</u>		c. LENGTH OF STAY (In this place) <u>25 yrs</u>	c. CITY OR TOWN <u>Sturdivant</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sturdivant, Missouri</u>		STREET ADDRESS (If rural, give location) <u>Wayne Twp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katie</u> b. (Middle) <u>-</u> c. (Last) <u>Wiseman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-11-84</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>74</u> <u>0</u> <u>25</u> <u>--</u> <u>--</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Anthony Shell</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Crites</u>		14. NAME OF HUSBAND OR WIFE <u>A. W. Wiseman</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> <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. W. Wiseman, Sturdivant, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 1940, to April 6, 1958, that I last saw the deceased alive on April 5, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.C. Masters</u> (Degree or title) <u>Do. J.</u>		23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>April 8, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-8-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Memorial</u>	
		24d. LOCATION (City, town, or county) (State) <u>Lutesville, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>4/15/58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Morgan, Advance, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. *464*

P. O. Address *Advance,*

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.