

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Blue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural R 1.--Blue	
c. LENGTH OF STAY (in this place) 43		d. STREET ADDRESS (If rural, give location) On Courtney Rd. 3 Miles N. of Indep	
d. FULL NAME OF HOSPITAL OR INSTITUTION Courtney Road			

3. NAME OF DECEASED a. (First) Mrs, THERESA (Type or Print)			b. (Middle) WISEMAN			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 9, 1949		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Dec. 27, 1905		9. AGE (In years last birthday) 43		10. UNDER 1 YEAR Months 3 Days 13		11. UNDER 10 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife			11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Dominick Messina			13b. MOTHER'S MAIDEN NAME Nellie Bush			14. NAME OF HUSBAND OR WIFE Raymond L. Wiseman		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mr. Raymond L. Wiseman - Indep, Mo.				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach -						June 1948 to date	
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>due to (b) Resection of Stomach - 7-1948</p> <p>due to (c) Recurrence of small intestine obstruction and resulting inanition - 15/4</p>							
II. OTHER SIGNIFICANT CONDITIONS		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							

19a. DATE OF OPERATION July 1948		19b. MAJOR FINDINGS OF OPERATION Ca Stomach -						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE X (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Independence Jackson Mo	
21d. TIME OF INJURY X (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Raymond L. Gardner (Degree or title)		23b. ADDRESS Independence Mo		23c. DATE SIGNED 4-11-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
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DATE REC'D BY LOCAL REG. Apr. 10-1949		REGISTRAR'S SIGNATURE [Signature] 354		25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell		ADDRESS Indep, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed Henry S. Mitchell.....

Licensed Embalmer No. 3925.....

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.