

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37935

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5721 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Callao Rural</u>		c. CITY OR TOWN <u>Callao</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN FRANKLIN</u> b. (Middle) _____ c. (Last) <u>WISDOM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-25-1875</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Macon Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Ed W. Wisdom</u>		13b. MOTHER'S MAIDEN NAME <u>Fancy Nichols</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Wisdom</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>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. James Callas</u> ADDRESS <u>Mo</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Metastasis</u> ANTECEDENT CAUSES <u>Melanoma sarcoma</u> DUE TO (b) <u>Unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>✓</u>	
19a. DATE OF OPERATION <u>8-29-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy 2 glands Melanoma sarcoma</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) (Minute) <u>✓</u>		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 <u>8-11</u> , 19 <u>49</u> , to <u>11-18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-8</u> , 19 <u>49</u> , and that death occurred at <u>3:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Macon</u>	
23c. DATE SIGNED <u>11-18-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-10-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hebron Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kearneyville Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-25-49</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u> 397	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Edwards Travis Mo</u>	

RECEIVED 12/1/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 12/49/51
Date Filed 12/12/49

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.

Signed _____

H. S. Edwards

Signed _____
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address *Revis, M*

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.