

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15564**

No. 300
10.48

FILED JUN 8 1950

BIRTH NO. **20225-50** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **171**

0421

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give town) Windsor | | c. CITY (If outside corporate limits, write RURAL and give township) Rural -- Windsor Twsp | |
| c. LENGTH OF STAY (In this place) 2 days | | d. STREET ADDRESS (If rural, give location) RFD. # 2, Calhoun | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital | | | |
| 3. NAME OF DECEASED a. (First) Jimmy b. (Middle) Dale c. (Last) Wiseman | | | 4. DATE OF DEATH (Month) (Day) (Year) May 28, 1950 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH March 11, 1950 |
| 9. AGE (In years last birthday) 2 | | IF UNDER 1 YEAR 17 Months | IF UNDER 24 HRS. 0 Hours 0 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Windsor, Missouri |
| 13a. FATHER'S NAME Chas. B. Wiseman | | 13b. MOTHER'S MAIDEN NAME Maxine Coffey | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Chas. B. Wiseman ADDRESS Calhoun, Missouri |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pertusis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? 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) | 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 12:20 AM from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Geo. Windsor 2-ND | | 23b. ADDRESS Windsor Mo | 23c. DATE SIGNED 5-29-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-29-50 | 24c. NAME OF CEMETERY OR CREMATORY Laurel Oak | 24d. LOCATION (City, town, or county) (State) Windsor, Mo. |
| DATE REC'D BY LOCAL REG. May-29-50 | REGISTRAR'S SIGNATURE Flora C. Adair | 25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner ADDRESS Windsor, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-7-50
District Health Officer No. 7,
District File Number 5-50-610
Date Filed 6-7-50

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 _____
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.