

BIRTH NO. REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 2673 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Old Monroe Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Old Monroe Rural 0570</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>Rosa</b> (Type or Print)		b. (Middle) <b>(Wissen)</b>		c. (Last) <b>Wissen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 8 1951</b>	
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sep't 4 1870</b>		9. AGE (In years last birthday) <b>80</b>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>				11. BIRTHPLACE (State or foreign country) <b>France</b>				12. CITIZEN OF WHAT COUNTRY? <b>France</b>			

13a. FATHER'S NAME <b>Anthony Koby</b>			13b. MOTHER'S MAIDEN NAME <b>Madeline Gouda</b>			14. NAME OF HUSBAND OR WIFE <b>Edward Wissen deceased</b>		
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edna Mense Old Monroe Mo.</b>				ADDRESS			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nephrosclerosis + renal failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
		ANTECEDENT CAUSES Morbid 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. <b>Arteriosclerotic Heart Disease Cardiac failure</b>						<b>3 months</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				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 **March 19, 1951**, to **June 8, 1951**, that I last saw the deceased alive on **June 8, 1951**, and that death occurred at **8:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John L. Krieger, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Old Monroe, Mo.</b>		23c. DATE SIGNED <b>9 June 1951</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 11/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		24d. LOCATION (City, town, or county) (State) <b>Old Monroe Mo.</b>	
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DATE REC'D BY LOCAL REG <b>June 13-1951</b>		REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Wade &amp; Ruthly</b>		ADDRESS <b>Old Monroe Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUN 16 1951

RECEIVED

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 \_\_\_\_\_

*E. A. Smith*

Licensed Embalmer No. 852

P. O. Address Fallon 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.