

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30029**

FILED SEP 24 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 796

0396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (In this place) 30 yrs		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 911 East Grand		d. STREET ADDRESS (If rural, give location) 911 East Grand	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Wilber	b. (Middle) E.	c. (Last) Wise	September 15, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 21, 1855	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer		10b. KIND OF BUSINESS OR INDUSTRY Milling Co.	11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Moses Wide	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Miss Content Wise, Springfield, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility - age 95		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 4221	19b. MAJOR FINDINGS OF OPERATION none	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 Aug 8, 1949, to Sept 15, 1951, that I last saw the deceased alive on Sept 15, 1951, and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE Don H. Silsby	(Degree or title) M.S.D.	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 9-17-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 17, 1951	24c. NAME OF CEMETERY OR REMATORY Marshfield, Cemetery	24d. LOCATION (City, town, or county) (State) Marshfield, Missouri
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DATE REC'D BY LOCAL REG. 9-17-51	REGISTRAR'S SIGNATURE J.E. Sandley	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer	ADDRESS Springfield, Mo
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(Licensed Embalmer's Statement on Reverse Side)

*Dr Don Silsby
Lund*

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Bernard F Wright*

Signed.....
Student Embalmer

Licensed Embalmer No. *4293*

P. O. Address *Springfield*

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.