

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8123**  
Registrar's No. **49**

**FILED** MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 302

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRENTON</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>401 E 8th COURT</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRENTON</b>	
		d. STREET ADDRESS (If rural, give location) <b>401 E. 8th COURT</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALVIN</b>		b. (Middle) <b>WISE</b>	
c. (Last) <b>WISE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 6 1952</b>	
5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY-28-1880</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	11. BIRTHPLACE (State or foreign country) <b>MO.</b>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>ABRAM WISE</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA GONES</b>	
14. NAME OF HUSBAND OR WIFE <b>ONA WISE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>ONA WISE</b> ADDRESS <b>TRENTON MO. 401 E. 8th COURT</b>	
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) <b>Cardio-Vascular - Arterial Disease</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.	
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) (Min.)		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>March 1st, 1952</u> , to <u>March 6th, 1952</u> , that I last saw the deceased alive on <u>March 6th, 1952</u> , and that death occurred at <u>5:20 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Oliver F. Juffy, M.D.</b> (Degree or title)		23b. ADDRESS <b>Trenton Mo</b>	
23c. DATE SIGNED <b>March 7th, 1952</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>MAR-8-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MARTIN CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>GRUNDY CO. MO.</b>		DATE REC'D BY LOCAL REG. <b>3-8-52</b>	
REGISTRAR'S SIGNATURE <b>Jane J...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SCHOOLER FUNERAL HOME</b> ADDRESS <b>SPICKARD MO.</b>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ross Wise*

Licensed Embalmer No. 3171

P. O. Address Spickard 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.