

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31146

State File No.

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 81

90
4

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Greenfield</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Greenfield</u>	0290
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith rest home</u>		d. STREET ADDRESS (If rural, give location) <u>So. main st.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Corelius</u> b. (Middle) <u>Frank</u> c. (Last) <u>Wisehart</u>			4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>6</u> (Year) <u>1952</u>		
--	--	--	---	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>5-22-1882</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR <u>4</u>	# UNDER 1 YEAR <u>14</u>	# UNDER 1 HOUR <u>Min.</u>
--------------------	------------------------------	--	--------------------------------------	--	----------------------------	-----------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school teacher</u>	11. BIRTHPLACE (State or foreign country) <u>dade co mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---	--	--

13a. FATHER'S NAME <u>William H. Wisehart</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Ann Wisehart</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Wisehart</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.	17. INFORMANT'S SIGNATURE OR NAME <u>mrs Marjorie Glass</u>		ADDRESS <u>Springfield 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
	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 <u>4200</u>		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) (m.)	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 4-27, 1951, to 10-6, 1952, that I last saw the deceased alive on 12-3, 1951, and that death occurred at 2:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lee M. Neely, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Greenfield, Mo</u>	23c. DATE SIGNED <u>10-10-52</u>
---	-------------------	---------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ray springs</u>	24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo.</u>
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10-11-52</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	478-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u>	ADDRESS <u>Greenfield MO</u>
---	--	-------	---	---------------------------------

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 W. R. Allison

Signed.....

Student Embalmer

Licensed Embalmer No. 4407

P. O. Address Greenfield, 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.