

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35419
State File No. 031144-101

NOV 3 1952 BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2020004H-101-0462 Registrar's No. 0495

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 2901-W-36th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) Boyd b. (Middle) J c. (Last) Wise			4. DATE OF DEATH (Month) (Day) (Year) OCT 19, 1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH NOV. 30, 1920		9. AGE (In years last birthday) 32		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIEF CREWMAN		10b. KIND OF BUSINESS OR INDUSTRY VICKER'S INC		11. BIRTHPLACE (City and State or Foreign Country) Marionville Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Delmar H. Wise		13b. MOTHER'S MAIDEN NAME BERTHA M. Bond	
14. NAME OF HUSBAND OR WIFE IMOGENE WISE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY (If yes, give war or dates of service) W.W.2. 505-20-3381	
17. INFORMANT'S SIGNATURE OR NAME IMOGENE WISE		18. ADDRESS Joplin			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenzal meningitis				INTERVAL BETWEEN ONSET AND DEATH 36 h.	
		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 491X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10-17, 18 52 to 10-19, 18 52 that I last saw the deceased alive on 10-19, 1952, and that death occurred at 12²⁵ A m., from the causes and on the date stated above.

23a. SIGNATURE Alice H. Wilson		(Degree or title) MD		23b. ADDRESS 1923 Sergeant		23c. DATE SIGNED 10-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/25/52		24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEM		24d. LOCATION (City, town, or county) (State) AURORA MO	
DATE REC'D BY LOCAL REG. 10-21-52		REGISTRAR'S SIGNATURE By Dallas Lampkin		25. FUNERAL DIRECTOR'S SIGNATURE HURBUT-Glover		ADDRESS MORT-Joplin Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-27-52
Jasper County Health Office

County File Number 52/10/836
Date Filed 10-27-52

FEB 24 1953

NOV 3 1952

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 _____

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.