

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

7052

State File No. _____

FILED FEB 24 1953

| | | | | | | | |
|--|---------------------------|--|--|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>267</u> | | PRIMARY REG. DIST. NO. <u>5902</u> | | Registrar's No. <u>25</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Peru</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Peru</u> | | | |
| b. CITY OR TOWN <u>Rural Hays</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, HAY 1</u> | | OR TOWN <u>0780</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6 mi. West Hays, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> | | | b. (Middle) <u>WISEMAN</u> | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 10 1953</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower 2</u> | | 8. DATE OF BIRTH <u>Dec-16-1869</u> | 9. AGE (In years last birthday) <u>83</u> | # UNDER 1 YEAR Months <u>1</u> Days <u>25</u> | % UNDER 1 MRS. Hours <u>—</u> Min. <u>—</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sumner</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James Wiseman</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Bowling</u> | | 14. NAME OF HUSBAND OR WIFE <u>JENNIS WISEMAN (DEAD)</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, by what branch) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hope Matheny Union St</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>None</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mental changes due to</u> DUE TO (c) <u>arteriosclerosis</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u> | | | | | |
| 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 checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept 1, 1952</u> to <u>Jan 19, 1953</u> , that I last saw the deceased alive on <u>Dec 9, 1952</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | 23b. ADDRESS <u>W. D. Southersville Mo</u> | | | 23c. DATE SIGNED <u>2-14-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/11/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE PRAIRIE</u> | | 24d. LOCATION (City, town, or county) (State) <u>Southersville Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>2-18-53</u> | | REGISTRAR'S SIGNATURE <u>John St. Herman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>[Address]</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

80
5

2-66-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 20 1953

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 Charles E. Mungle

Licensed Embalmer No. 4897

P. O. Address Caruthersville, 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.