

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27522**

DATE OF DEATH **AUG 11 1953** REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **139**

0802

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Newton | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wash Township | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho 0732 | |
| c. LENGTH OF STAY (In this place) 39 hrs 11. | | d. STREET ADDRESS (If rural, give location) unknown 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp 3 Nevada Mo | | | |

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|---|-------------|-----------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) ARVIL - DAVID - WISELEY. | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 4, 1953 | | |
| a. (First) | b. (Middle) | c. (Last) | | | |

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|--------------------|-------------------------------|---|-------------------------------------|---|--|--|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown | 8. DATE OF BIRTH Feb 8, 1890 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months 5 Days 27 | IF UNDER 24 Hrs. Hours - Mins. - |
|--------------------|-------------------------------|---|-------------------------------------|---|--|--|

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|---|--|---|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oil dealer | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (City and State or Foreign Country) Newton County Mo | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
|---|--|---|--|--|--|---|--|

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME George Wiseley | | 13b. MOTHER'S MAIDEN NAME Elizabeth Brown | | 14. NAME OF HUSBAND OR WIFE unknown | |
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|---|-------------------------------------|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hosp 3 Nevada Mo | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | DUPLICATE (b) arteriosclerosis | | | sudden |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | DUPLICATE (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis & Cerebral Arteriosclerosis | | | | |

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| 19a. DATE OF OPERATION no | 19b. MAJOR FINDINGS OF OPERATION no | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|--|---|----------------------------|
| 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 **Oct 24, 1949**, to **Aug 4, 1953**, that I last saw the deceased alive on **Aug 3, 1953** and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) Paul L. Barone M.D. | 23b. ADDRESS State Hosp 3 Nevada Mo | 23c. DATE SIGNED Aug 4/53 |
|---|--|----------------------------------|

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|--|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8-4-1953 | 24c. NAME OF CEMETERY OR CREMATORY Local | 24d. LOCATION (City, town, or county) (State) Wheaton Missouri |
|--|---------------------------|---|---|

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| DATE REC'D BY LOCAL REG. 8-5-53 | REGISTRAR'S SIGNATURE Anna E. Fovey | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Perera Nevada Mo |
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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 Allen T. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.