

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

493

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau city</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (In this place) <u>85 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1402 Big Bend Road</u>		e. STREET ADDRESS (If rural, give location) <u>1402 Big Bend Road</u> 01690	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle)	c. (Last) <u>WISSMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 3, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 23, 1868</u>	9. AGE (In years last birthday) <u>85</u> if UNDER 1 YEAR Months <u>10</u> Days <u>10</u> if UNDER 12 HRS. Hours <u>10</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sub. Mail Carrier, ret</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>John Wissman</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Schott</u>	14. NAME OF HUSBAND OR WIFE <u>Emma F. Wissman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish Am. War</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma F. Wissman</u>	ADDRESS <u>Cape Gir., Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio. renal. vas. Culm. 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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy of prostate</u>		6 months	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Dec 1, 1953, to Feb 3, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>K. W. ... MO</u>	23b. ADDRESS <u>Cape Girardeau MO</u>	23c. DATE SIGNED <u>2-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-3-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Sumner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home</u>	ADDRESS <u>Cape Gir., Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 31 1951

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.....
Signature of Student Embalmer

Signed *Virgil H. Welch*.....

Licensed Embalmer No. *410*.....

P. O. Address *Cap. Curran*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.