

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7227**

BIRTH NO. _____ REG. DIST. NO. **31** PRIMARY REG. DIST. NO. **4039** Registrar's No. **8**

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| 1. PLACE OF DEATH a. COUNTY Benton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton | |
| b. CITY (If outside corporate limits, write RURAL and give township) Lincoln | | c. LENGTH OF STAY (in this place) Life | c. CITY OR TOWN Lincoln |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) 0090 | |

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|---|------------|----------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) Ida | a. (First) | b. (Middle) Dale | c. (Last) Wisdom | 4. DATE OF DEATH (Month) (Day) (Year) May 25 1955 |
|---|------------|----------------------------|----------------------------|--|

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|---|----------------------------------|--|--|--|---|---|
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH Aug 31, 1869 | 9. AGE (in years last birthday) 85 | IF UNDER 1 YEAR Months 6 Days 24 | IF UNDER 4 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Benton Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME Charles Harvey | 13b. MOTHER'S MAIDEN NAME Emily Jean Young | 14. NAME OF HUSBAND OR WIFE William W. Wisdom Sr. |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME May Sue Young | ADDRESS Lincoln |
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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 10 years or more |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 44-3X | 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) (Min.) | 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 _____, 19**45**, to **Mar 25, 1955**, that I last saw the deceased alive on **Mar 24, 1955**, and that death occurred at **12:25 A.M.**, from the causes and on the date stated above.

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|---------------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| 23a. SIGNATURE R. L. Walter | (Degree or title) M.D. | 23b. ADDRESS Sedalia Mo | 23c. DATE SIGNED 3-26-55 |
|---------------------------------------|----------------------------------|-----------------------------------|------------------------------------|

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|--|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/27/55 | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | 24d. LOCATION (City, town, or county) (State) Lincoln, Mo |
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|---|--|-----|--|---------------------------|
| DATE REC'D BY LOCAL REG. Mar 26, 1955 | REGISTRAR'S SIGNATURE E. L. Eickhoff | 394 | 25. FUNERAL DIRECTOR'S SIGNATURE John F. Reese | ADDRESS Lincoln |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS JUN 11 1959

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 *John F. Reser*.....

Licensed Embalmer No. *409*

P. O. Address *Wassa*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.