

FILED MAR 31 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 9258

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6065</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Osceola</u> )		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Rural-Osceola</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles E* Osceola</u>				e. STREET ADDRESS (If rural, give location) <u>3 Miles E- Osceola</u> <u>0930</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhoda L.</u>		b. (Middle) <u>Wisner</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>2-23-1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-19-1881</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Gilbert</u>		14. NAME OF HUSBAND OR WIFE <u>Jerry Wisner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otice Wisner, Osceola Missouri</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few days</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) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Clair Mo</u>			
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 <u>Feb 10</u> , 19 <u>55</u> , to <u>23 Feb</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 21</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Ellet</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Appleton Ct, Mo</u>		23c. DATE SIGNED <u>24 Feb 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-26-55</u>		REGISTRAR'S SIGNATURE <u>Ruth Seese</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Handrich Funerals</u>		ADDRESS <u>Home Osceola Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9220

---

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.....  
*Paul Finestone*

Licensed Embalmer No.....  
*394*

P. O. Address.....  
*A. Scoble*

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.