

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40314**

FILED JAN 3 - 1956

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 2023		Registrar's No. 586	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY HENRY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (If this place) Delayed		c. CITY OR TOWN Clinton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL HOSPITAL				e. STREET ADDRESS (If rural, give location) N WASHINGTON RR # 040			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) LELAND c. (Last) WISBEY			4. DATE OF DEATH (Month) (Day) (Year) DEC 24 1955				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Un Known		8. DATE OF BIRTH 1/25/1894	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KANSAS	
11. BIRTHPLACE (City and State or Foreign Country) KANSAS		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME ALVIN WISBEY			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Hancy FILLIPE		13c. NAME OF HUSBAND OR WIFE Un Known			
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. 490-05-9025		17. INFORMANT'S SIGNATURE OR NAME Ueva B Wyatt			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Monocytic leukemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2042					INTERVAL BETWEEN ONSET AND DEATH
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) (m.)		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 10-20, 1955 , to 12-24, 1955 , that I last saw the deceased alive on 12-24, 1955 , and that death occurred at 4:47 m., from the causes and on the date stated above.							
23a. SIGNATURE Gus J Wetzel DO (Degree or title)				23b. ADDRESS Clinton Mo		23c. DATE SIGNED Dec 25 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/26/55	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD		24d. LOCATION (City, town, or county) (State) Clinton Mo		
DATE REC'D BY LOCAL REG 12-26-55		REGISTRAR'S SIGNATURE Mildred Bigum 521		25. FUNERAL DIRECTOR'S SIGNATURE J E Conover ADDRESS Clinton Mo			

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

JAN 4

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.....
J. E. Connelley

Licensed Embalmer No. 189

P. O. Address.....
Chnton

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.