

FILED MAR 26 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 10082

BIRTH NO. 17223-56 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 158

1. PLACE OF DEATH Woodland Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Pettis		b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 17 hrs		a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 17 hrs		c. CITY OR TOWN Sedalia		b. COUNTY Pettis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) Judy		b. (Middle) Frances		c. (Last) Wisner	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	
8. DATE OF DEATH Mar 21 1956		9. AGE (In years last birthday) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles L. Wisner		13b. MOTHER'S MAIDEN NAME Della Mc Neal		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. N ne		17. INFORMANT'S SIGNATURE OR NAME Charles L. Wisner		ADDRESS Sedalia, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia				INTERVAL BETWEEN ONSET AND DEATH 17 hrs			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
DUE TO (b) Atelectasis				17 hrs			
DUE TO (c) Abrupto-placenta				17 hrs			
II. OTHER SIGNIFICANT CONDITIONS pre-mature				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION XX		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7625	
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.	
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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 Mar 20, 1956, to Mar 21, 1956, that I last saw the deceased alive on Mar 21, 1956, and that death occurred at 9:00A m., from the causes and on the date stated above.	
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23a. SIGNATURE Glenn A. Walker		23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 3/21/56		23d. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery	
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23d. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery		23e. LOCATION (City, town, or county) 4 Mi. South Syracuse, Mo		23f. DATE REC'D BY LOCAL REG. 3/22/56		23g. REGISTRAR'S SIGNATURE	
23d. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery		23e. LOCATION (City, town, or county) 4 Mi. South Syracuse, Mo		23f. DATE REC'D BY LOCAL REG. 3/22/56		23g. REGISTRAR'S SIGNATURE	
23f. DATE REC'D BY LOCAL REG. 3/22/56		23g. REGISTRAR'S SIGNATURE		23h. FUNERAL DIRECTOR'S SIGNATURE		23i. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *James E. Richman*

Licensed Embalmer No. *246*

P. O. Address *Lipton*

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.