

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15349**

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48

FILED APR 24 1956

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Registrar's No. **22**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>22</b>		
1. PLACE OF DEATH a. COUNTY <b>Winnon</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Winnon</b>				
b. CITY OR TOWN <b>Washington</b>		c. LENGTH OF STAY (in this place) <b>5 Ds</b>		c. CITY OR TOWN <b>Nevada</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada State Hosp #3</b>				e. STREET ADDRESS (If rural, give location) <b>213 N Lynn 10830</b>				
3. NAME OF DECEASED a. (First) <b>Joe</b>			b. (Middle) _____		c. (Last) <b>Wiseman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 - 2 - 1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>7-18-1880</b>		9. AGE (In years last birthday) <b>75</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Refrigerator Repair</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.B.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>N. Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>W.J. Wiseman</b>			13b. MOTHER'S MAIDEN NAME <b>Martha McKinnis</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Myrtle Wiseman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>902-1st 5000</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Adrian Pappas</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio sclerotic heart disease</b>				DUE TO (b) <b>Generalized arteriosclerosis</b>				<b>1 yr</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Broncho Pneumonia</b>				<b>9 Days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) (Min.)		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 <b>Nov 28, 1956</b> to <b>4-2, 1956</b> , that I last saw the deceased alive on <b>4-2, 1956</b> , and that death occurred at <b>8:40 PM</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Deceased) _____				23b. ADDRESS <b>Nevada Mo</b>		23c. DATE SIGNED <b>4-2-56</b>		
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>4-4-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEWTON BURIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>NEVADA, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>4-21-56</b>		REGISTRAR'S SIGNATURE <b>(J. Ma) J. Ferrys</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SHORTEN FUNERAL HOME NEVADA MO.</b>				

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

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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 *Lamorne O. Heeling*.....

Licensed Embalmer No...49...

P. O. Address... *Nebraska*...

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.