

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5403**

FILED MAR 5 1957

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewistown		c. CITY OR TOWN Lewistown. ⁰⁵⁶⁰ d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Prairie View Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) c. (Last) Wiseman			4. DATE OF DEATH (Month) (Day) (Year) February 26, 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 10, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 10 Days 16	IF UNDER 2 HRS. Hours 16 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lewis County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Edwin Wiseman		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Mary Wiseman	
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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 Ray Smyser		ADDRESS Durham Mo.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident.				INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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 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)		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 Aug, 1952, to 26 Feb, 1957, that I last saw the deceased alive on 25 Feb, 1957, and that death occurred at DDA m.t. from the causes and on the date stated above.

23a. SIGNATURE John W. Wells (Degree or title) Do 2		23b. ADDRESS Lewistown Mo		23c. DATE SIGNED 2/27/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2.27.1957		24c. NAME OF CEMETERY OR CREMATORY Lewistown		24d. LOCATION (City, town, or county) (State) Lewistown Mo.	
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DATE REC'D BY LOCAL REG. 3-1-57		REGISTRAR'S SIGNATURE P.W. Jennings, M.D.		FUNERAL DIRECTOR'S SIGNATURE James A. Clodner		ADDRESS Lewistown, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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.....
James A. Adams

Licensed Embalmer No. *253*

P. O. Address *Lewistown*

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.