

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021973
State File No.

FILED JUL 8 1957

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 2047 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nesoho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nesoho</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>501 N. High</u>		d. STREET ADDRESS (If rural, give location) <u>501 N. High</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM W. WISE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 24, 1884</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CGty</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Wise</u>		13b. MOTHER'S MAIDEN NAME <u>Lousia Bane</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Wise</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-0547765</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Jones</u> ADDRESS <u>Nesoho, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Ampulla of Vater</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>155.X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia and Malnutrition</u>			

19a. DATE OF OPERATION <u>August 1956</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Carcinoma of Ampulla of Vater</u>		20. AUTOPSY? <u>2</u> 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)		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 April, 1957, to June 6, 1957, that I last saw the deceased alive on 6 June, 1957, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>George C. Olive, M.D.</u> (Degree or title)		23b. ADDRESS <u>Nesoho, Mo</u>		23c. DATE SIGNED <u>18 June 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neosho I.O.O.F.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>6-10-57</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u> ADDRESS <u>Neosho, Missouri</u>	
---	--	---	--	---	--

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

223
0

RECEIVED

District Health Officer No. Newton

District File Number 7-57-142

Date Filed Jul 1 1957

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 _____
Student Embalmer

Signed Barley Simpson Jr

Licensed Embalmer No. 4861

P. O. Address Woburn

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 this body is not embalmed, fact should be so stated above.