No. 300
10.48

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

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25313

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe
c. LENGTH OF STAY (In this place) 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Susan's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN Wheeling
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 1½ Mi S. W. of Wheeling, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) NELLIE
b. (Middle) MAE
c. (Last) WISEHAUPT

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 1, 1874
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home maker
11. BIRTHPLACE (City and State or Foreign Country) Wheeling, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Beckwith
13b. MOTHER'S MAIDEN NAME Elizabeth Dalrymple
14. NAME OF HUSBAND/OR WIFE Lennard Wisehaupt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Lennard Wisehaupt; **ADDRESS** Wheeling, Mo.

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) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Passive Congestion — 7 days.
DUE TO (c) Senility

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8- *, 19*57*, to* 7-26- *, 19*57*, that I last saw the deceased alive on* 7-25-57*, 19*____*, and that death occurred at* 11:05 p.m.*, from the causes and on the date stated above.*

23a. SIGNATURE R. W. Mathany **(Degree or title)** D.O.
23b. ADDRESS Chillicothe, Mo.
23c. DATE SIGNED 7/26/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-28-57
24c. NAME OF CEMETERY OR CREMATORY Wheeling Cemetery
24d. LOCATION (City, town, or county) Wheeling, Missouri (State)

DATE REC'D BY LOCAL REG. 7/26/57
REGISTRAR'S SIGNATURE Francis B Neill
25. FUNERAL DIRECTOR'S SIGNATURE NORMAN FUNERAL HOME: **ADDRESS** Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph M. Gibson

Licensed Embalmer No. 4769

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.