

Health, Welfare, Public Service

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

57 027593 STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 891

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY St. Joseph c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital 30yrs

2. USUAL RESIDENCE a. STATE Mo b. COUNTY Buchanan c. CITY OR TOWN St. Joseph d. STREET ADDRESS 524 So 10th

3. NAME OF DECEASED Laura Wisner 4. DATE OF DEATH August 8, 1957 5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH April 16, 1896 9. AGE 61

10a. USUAL OCCUPATION House keeper 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE New Market Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J.B. Williams 13b. MOTHER'S MAIDEN NAME Mary E. Hays 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Jessie Riedesel, St. Joseph, Mo

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status Asthmaticus DUE TO (b) Chronic Bronchial Asthma DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 241X 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/20/55 to 8/8/57 and last saw her alive on 8/7/57 Death occurred at 1:20 P.M. m on the date stated above; and to the best of my knowledge, and the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS Social Welfare Board 10th & Olive, Patee Hall St. Joseph, Mo. 22c. DATE SIGNED 8/9/57

23a. BURIAL, CREMATION, RENEVAL (Specify) Burial 23b. DATE 8/12/57 23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge 23d. LOCATION (City, town, or county) (State) Weston Mo

24. FUNERAL DIRECTOR ADDRESS John Rupp St. Joseph, Mo 25. DATE RECD. BY LOCAL REG. Aug. 19, 1957 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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, ~~only~~....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John E. [Signature]*

Licensed Embalmer No. *3986*  
P. O. Address *St. Joseph*

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.