

STANDARD CERTIFICATE OF DEATH

35029

STATE FILE NUMBER

FILED OCT 22 1957

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 249

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Kansas City</b> <u>3268</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #1</b>		d. STREET ADDRESS (If outside, give location) <b>1004 East 17th Street</b>	
3. NAME OF DECEASED (Type or print) First <b>ELIJAH</b> Middle Last <b>WISE</b>		4. DATE OF DEATH Month <b>10</b> Day <b>14</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>May 1, 1905</b>
9. AGE (In years last birthday) <b>52</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>	11. BIRTHPLACE (City and state or country) <b>Florida</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>John Wise</b>	
13b. MOTHER'S MAIDEN NAME <b>Georgia Ward</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unk.</b>		16. SOCIAL SECURITY NO. <b>unk.</b>	
17. INFORMANT <b>State Hospital No. 1; Fulton, Missouri</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Toxemia</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cirrhosis of Liver</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>5810</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State Hospital #1</b>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. Attended the deceased from <b>4-11-46</b> to <b>10-14-57</b> Death occurred at <b>2:45 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Wm. J. Greer M.D.</b> (Degree or title)	
22b. ADDRESS <b>State Hosp Fulton</b>		22c. DATE SIGNED <b>10/11/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>10/15/57</b>		23b. DATE	
23c. NAME OF GEMETERY OR CREMATORY <b>Anatomical Board</b>		23d. LOCATION (City, town, or county) <b>Columbia Mo</b>	
24. FUNERAL DIRECTOR <b>Robt. H. Hunter</b> ADDRESS <b>Columbia Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct-15-1957</b>	
26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

-6  
0

**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 .....

..... Licensed Embalmer No. ....

..... P. O. Address .....

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.