

THE DIVISION OF HEALTH OF MISSOURI 9818-58
STANDARD CERTIFICATE OF DEATH

58-006280

STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 170 Primary Registration District No. 5630 Registrar's No. 32

300
1-57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon T.S.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Eldridge Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles N. Highway 5		Length of stay in lb 5	d. STREET ADDRESS (If outside, give location) Eldridge Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last Barbara Ellen Wise			4. DATE OF DEATH Month Day Year Feb. 25 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15 1958
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lebanon Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jack Wise	
13b. MOTHER'S MAIDEN NAME Ollie Allen		14. NAME OF HUSBAND OR WIFE None	
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 Address Jack Wise Eldridge Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (Undetermined) Abdominal cavity filled with fluid			INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had no attending physician since birth			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 _____, to _____, and last saw her alive on _____ Death occurred at 2.00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hella L. Gray, Local Registrar		22b. ADDRESS Lebanon, Missouri	22c. DATE SIGNED 2-25-1958
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2/27/58	23c. NAME OF CEMETERY OR CREMATORY Ira Cemetary	23d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
24. FUNERAL DIRECTOR ADDRESS S. R. Palmer Lebanon Mo		25. DATE RECD. BY LOCAL REG. 2-25-1958	26. REGISTRAR'S SIGNATURE Hella L. Gray

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Received MAR 3 1958
Laclede County Health Unit
File No. 32
Date Filed MAR 3 1958

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 S. P. Palmer.....

Licensed Embalmer No. 2208
P. O. Address Channah m.....

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.