

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007985
STATE FILE NUMBER
2382

FILED MAR 7 - 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2382

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bethesda Hosp.</i>		Length of stay in lb <i>11 weeks</i>	d. STREET ADDRESS (If outside, give location) <i>4 mi N.E. Patou</i>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <i>William Henry Wisdom</i>		Month <i>Feb.</i>	Day <i>13</i> Year <i>1958</i>

5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 12 1882</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>1</i>	IF UNDER 24 HRS. Hours <i>1</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Armer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and state or country) <i>Shannon Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Henry H. Wisdom</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah E. Blake</i>	14. NAME OF HUSBAND OR WIFE <i>Ilda D. Wisdom</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>Ray Wisdom Ferguson Mo.</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerotic H. Disease</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i>		19. WAS AUTOPSY PERFORMED? <i>2</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 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 <i>6/30/1957</i> to <i>2/13/1958</i> and last saw her ^{her} _{him} alive on <i>2/13/1958</i> Death occurred at <i>7:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Madeline S. Powell MD</i>	22b. ADDRESS <i>4660 Wayland</i>	22c. DATE SIGNED <i>2/24/58</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>2-16-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>White Oak Grove Ch. Washington Co. Mo.</i>	23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Mrs. Luther Sparks Patou Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>FEB 27 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
-57

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 *Murphy L. Spink*

Licensed Embalmer No. *4236*

P. O. Address *St. Paul River*

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.