

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010761
State File No.

FILED MAR 24 1958

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5791 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Enon Mo. R.R.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Enon Mo. Burris Fork 068</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>WISER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 8 - 58</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 28-1881</u>			9. AGE (In years last birthday) <u>77</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <u>Enon, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Wisner</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Enloe</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Wisner Enon, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by hanging self</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>his farm home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Enon Moniteau Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAR 8 1958 10 A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide by hanging self</u>	
22. I hereby certify that I attended the deceased from <u>dead</u> , to <u>first seen</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Kennon Latham M.D. Coronel</u>			23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>3-11-58</u>

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 10-58</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Enloe Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Russellville, Mo.</u>
DATE REC'D BY LOCAL REG <u>3/15-58</u>		REGISTRAR'S SIGNATURE <u>Helen L Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Stephens Russellville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed *R. Steffens*

Licensed Embalmer No. 2307

P. O. Address *Russellville, Mo.*

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 this body is not embalmed, fact should be so stated above.