

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040624
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 178 Primary Registration District No. 5666 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY LEWIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LE WIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR UNION TWSP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MAYWOOD		0560 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mi. West Maywood			Length of stay in 1b		d. STREET ADDRESS 1/2 mi. west Maywood (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DANIEL Middle JOSEPH Last WISEMAN			4. DATE OF DEATH Month Nov. Day 28, Year 1958		
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8/1/1869	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and state or country) MAYWOOD, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOHN WISEMAN			14. MOTHER'S MAIDEN NAME ELLEN CREACY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO XXXXXXXXXXXX		16. SOCIAL SECURITY NO. 498-40-0812	17. INFORMANT DEE WISEMAN MAYWOOD, MO. Address		
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>Chronic Myocarditis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerosis Degenerative</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)					INTERVAL BETWEEN ONSET AND DEATH 2 yrs 10 yrs
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.) 4221				
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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 CITY STATE	
21. I attended the deceased from <i>Oct 29/58</i> to <i>Nov 28/58</i> and last saw ^{her} him alive on <i>Nov 26/58</i> Death occurred at <i>6:00</i> ^A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W J Elley M.D.</i> (Degree or title)			22b. ADDRESS <i>Lo... ..</i>		22c. DATE SIGNED <i>12/4/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/30/58	23c. NAME OF CEMETERY OR CREMATORY MAYWOOD		23d. LOCATION (City, town, or county) (State) MAYWOOD, MO.	
24. FUNERAL DIRECTOR <i>Charles J. ...</i> ADDRESS Lewistown, Mo.		25. DATE RECD. BY LOCAL REG. 12-8-'58		26. REGISTRAR'S SIGNATURE <i>P. W. Jennings, M.D.</i>	

Health, Welfare, Public Service
300-1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
16'6

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Charles L. Arnold*.....

Licensed Embalmer No. 4667

P. O. Address Lewistown,

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.