

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045015
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 42

300 3
1-57

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP Big Prairie Twp.		c. CITY OR TOWN St. Louis 2129 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #61		d. STREET ADDRESS (If outside, give location) 915 A. Aubert	

3. NAME OF DECEASED (Type or print) First Jaqueline Middle Wise Last Wise			4. DATE OF DEATH Month 12 Day 24 Year 58			
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5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-18-1943	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Wise	13b. MOTHER'S MAIDEN NAME Lula Mae McDonald	14. NAME OF HUSBAND OR WIFE None
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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. ?	17. INFORMANT Ide Hardin	Address St. Louis, Mo 914 A. Aubert
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attendant, by all records death was due		INTERVAL BETWEEN ONSET AND DEATH was due
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) to a car accident, fractured skull, possible internal	
	DUE TO (c) injurious	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input checked="" 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.) riding in car that was hit by another car
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20c. TIME OF INJURY 15.00 p.m. Dec. 24, 58	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #61	20f. CITY, TOWN, OR LOCATION Rural Big Prairie twp New Madrid, Mo.	COUNTY 072	STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Loy Hedgworth	(Degree or title) 3	22b. ADDRESS New Madrid, Missouri	22c. DATE SIGNED 24 Dec. 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 26 Dec. 58	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR Ellis Funeral Home	ADDRESS St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. 25 Dec 58	26. REGISTRAR'S SIGNATURE Fay Hedgworth
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All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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JAN 27 1959

JAN 27 1959

JAN 12 1959

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 *Tammy L. Roberts*

Licensed Embalmer No. *4886*
P. O. Address *Grand Rapids, MI*

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.

W. J. S.