

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004641

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 171

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in lb most of life	d. STREET ADDRESS (If outside, give location) 3414 Duncan
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EARL DAVID WISHERD			4. DATE OF DEATH Month Day Year February 12, 1959			
5. SEX male	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 February 25, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Resort	11. BIRTHPLACE (City and state or country) Bushnell, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob Wisherd		13b. MOTHER'S MAIDEN NAME Evelyn Blanchard		14. NAME OF HUSBAND OR WIFE Sally		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.#1		16. SOCIAL SECURITY NO. 491-24-6216	17. INFORMANT Mrs. E. D. Wisherd, 3414 Duncan, St. Joseph, 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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
DUE TO (b) <u>Hypertension arterial</u>		
DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>		

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 <u>2-2-59</u> , to <u>2-12-59</u> and last saw ^{her} alive on <u>2-12-59</u> Death occurred at <u>3:30p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>W.C. Senne md</u>	(Degree or title)	22b. ADDRESS <u>207 P+3 Bldg St Joseph Mo</u>	22c. DATE SIGNED <u>2-13-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	23b. DATE <u>2/16/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>

24. FUNERAL DIRECTOR <u>Wheaton-Bowman</u>	ADDRESS <u>St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 18, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Wm. Clark Woodell</u>
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Dr. H. C. Senne
 All diseases in Part I must be causally related.
 vector, coroner, etc. must use only standard nomenclature in their reports - no symptoms with diagnoses.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 25 1959

MAR 5 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 *William Spalberg*

Licensed Embalmer No. *4535*

P. O. Address *St Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.