

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013630  
State File No. ....

FILED APR 20 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 602 Registrar's No. 1604

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Edward P. Altomare

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>2 YRS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KANSAS CITY TUBERCULOSIS</b>		e. STREET ADDRESS (If rural, give location) <b>934 MAIN</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>	b. (Middle) <b>-</b>	c. (Last) <b>WISE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 21 - 1959</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>5-22-1908</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WINDOW WASHER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Window Washing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LIBERTY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM WISE</b>	13b. MOTHER'S MAIDEN NAME <b>NORA MORRIS</b>	14. NAME OF HUSBAND OR WIFE <b>"unknown"</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records R. C. T. Hosp. K. C. Mo.</b>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY TUBERCULOSIS</b>	II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES	DUE TO (b)		
<i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
	Conditions contributing to the death but not related to the disease or condition causing death.		<b>not</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-21**, 19**57**, to **3-21**, 19**59**, that I last saw the deceased alive on **3-21**, 19**59**, and that death occurred at **8:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward P. Altomare M.D.</b> (Degree or title)	23b. ADDRESS <b>K. C. T. Hosp.</b>	23c. DATE SIGNED <b>3-28-59</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Anatomical</b>	24b. DATE <b>3-28-1959</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kansas City University School of Embalming</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-28-59</b>	REGISTRAR'S SIGNATURE <b>News Marshall</b>	5. FUNERAL DIRECTOR'S SIGNATURE <b>Wilbert Funeral Homes</b>	ADDRESS <b>R. C. T. Hosp.</b>
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21-447

**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..... *B E Weibert*

Licensed Embalmer No. *4072*

P. O. Address *K.C. 8.2*

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.