

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029388

**FILED VS SEP 1 1959**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3995 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>3240 Norledge</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u> c. CITY OR TOWN <u>Cameron</u> d. STREET ADDRESS (If outside, give location) <u>406 E. 320 St</u>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>NEVA</u> Middle _____ Last <u>Wise</u>			<b>4. DATE OF DEATH</b> Month <u>8</u> Day <u>16</u> Year <u>59</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2-21-1890</u>	<b>9. AGE (last birthday)</b> <u>80 79</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and state or country) <u>OHIO</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Byron Lawrence</u>		<b>13b. MOTHER'S MAIDEN NAME</b> _____		<b>14. NAME OF HUSBAND OR WIFE</b> <u>CRAIG HERBERT WISE</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> <u>Forrest E. Wise</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year _____		_____			
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kansas City, Jackson Co</u>		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE <u>Kansas City, Jackson Co</u>			
<b>21. I attended the deceased from</b> <u>Jan 1959</u> to <u>Aug 1959</u> and last saw her alive on <u>Aug 15, 1959</u> Death occurred at <u>7:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>L. Shireman, M.D.</u>				<b>22b. ADDRESS</b> <u>4606 St John Kemo</u>		<b>22c. DATE SIGNED</b> <u>8-17-59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>23b. DATE</b> <u>8/17/59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Packard Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Cameron Mo.</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Sheil Funeral Home Kemo</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-17-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Neve Minshall</u>		

DOCUMENT

BY AFFIDAVIT OF

L. Shireman, M.D. MEDICAL CERTIFICATION

MAY 28 1982

MAY 15 1982

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.