

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031196

FILED VS AUG 28 1959

Registration District No. 333 Primary Registration District No. 6111 Registrar's No. 146 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Commerce</u>	Length of stay in 1b <u>60 yrs.</u>	c. CITY OR TOWN <u>Commerce</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>_____</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER ELEXANDER WISE</u>			4. DATE OF DEATH Month Day Year <u>Aug 20, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday) <u>80</u>
		IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u> Hours <u>_____</u> Min. <u>_____</u>		IF UNDER 24 HR Hours <u>_____</u> Min. <u>_____</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Villa Ridge, Ill</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Benjamin Wise</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Peoples</u>		14. NAME OF HUSBAND OR WIFE <u>Elic Sanders</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Don't know</u>		17. INFORMANT <u>Mrs. Elic Wise</u> address <u>Commerce, Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 Hours -</u> <u>Yrs.</u>
IMMEDIATE CAUSE (a)	<u>Acute Circulatory Failure</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____			
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	COUNTY STATE

21. I attended the deceased from May 11, 1959 to Aug. 20, 1959 and last saw him alive on Aug. 10, 1959.
Death occurred at 8:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>M. P. Brogan D.O.</u>	22b. ADDRESS <u>Benton, Mo.</u>	22c. DATE SIGNED <u>Aug. 21, 1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/22/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cem. Commerce, Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>_____</u>
24. FUNERAL DIRECTOR <u>Beiglinghoff Funeral Home</u> ADDRESS <u>Illmo, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-22-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 24 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Oliver C. Amis

Licensed Embalmer No.

447

P. O. Address

Illmo,

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.