URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960 — Registration District No. 132 — Primary Registration District No. 3021 — Registrar's No. 130 — STATE FILE NUMBER -60-026602

ENDED

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trenton — Length of stay in 1b: 2 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1513 Chestnut Whitfield Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Grundy
c. CITY OR TOWN: Trenton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Whitfield Nursing Home — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOHN — Middle C — Last WISE
4. DATE OF DEATH: Month 7 — Day 26 — Year 60
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-18-1866
9. AGE (last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Grundy Co Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Abraham Wise
13b. MOTHER'S MAIDEN NAME: Emma Jones
14. NAME OF HUSBAND OR WIFE: Sarah Herrod Wise
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Mrs Fred Hale — Address: Trenton 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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 January 1960 to July 26 60 and last saw her/him alive on July 20 60
Death occurred at 12:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E J Maier MD
22b. ADDRESS: Trenton Mo
22c. DATE SIGNED: 7/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-29-60
23c. NAME OF CEMETERY OR CREMATORY: Berry Cem
23d. LOCATION (City, town, or county) (State): Galt Mo.

24. FUNERAL DIRECTOR — ADDRESS: Payne Funeral Home Galt Mo
25. DATE RECD. BY LOCAL REG.: 7-29-60
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3792

P. O. Address_____

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