

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000709

FILED VS JAN 17 1961

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 12

STATE FILE NUMBER

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AMENDED

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|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY COLE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO. | | | | Length of stay in 1b | | c. CITY OR TOWN JEFFERSON CITY, MO. | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 605 1/2 Cherry | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (if outside, give location) 605 1/2 Cherry | |
| 3. NAME OF DECEASED (Type or print) First Middle Last LULA ETHELINE WISEMAN | | | | 4. DATE OF DEATH Month Day Year JAN. 12, 1961 | | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 7/14/86 | |
| 9. AGE (last birthday) 74 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Jefferson City, Mo., USA | |
| 13a. FATHER'S NAME Jud Bronham | | | | 13b. MOTHER'S MAIDEN NAME Georgiana White | | 14. NAME OF HUSBAND OR WIFE Newk Wiseman | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address JAMES WEISMAN J C 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) Coronary thrombosis 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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.) Dead unexpectedly, unattended. Had | | | |
| 20c. TIME OF INJURY Hour a.m. Month Day, Year 4:00 1/12/61 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Jefferson City, Cole - Mo. | |
| 21. I attended the deceased from 4 P.M. to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Arthur Holt, Coronar | | | | 22b. ADDRESS Jefferson City, Mo. 1436 Fred Berry Road | | 22c. DATE SIGNED 1/13/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 1/14/61 | | 23c. NAME OF CEMETERY OR CREMATORY Longview | | 23d. LOCATION (City, town, or county) (State) Jefferson City, MO. | |
| 24. FUNERAL DIRECTOR ADDRESS Sylvester Dulle, J C Mo. | | | | 25. DATE RECD. BY LOCAL REG. 13 January 1961 | | 26. REGISTRAR'S SIGNATURE R. Morris, M.D. - M. Richter, Reg. | |

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

REVIEWER'S SIGNATURE

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 17 1961

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 _____
Sylvester D. Dille

Licensed Embalmer No. 4321
P. O. Address J. Jefferson Clarke

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.