

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2640 -61-017881  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2640

AMENDED

FILED JUN 1 2 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Manssac City</u>		Length of stay in 1b <u>2 Days</u>	c. CITY OR TOWN <u>Manssac City</u>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>General Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside give location) <u>5425 Habash</u>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lula</u> Middle <u>VICTORIA</u> Last <u>WISE</u>			4. DATE OF DEATH Month <u>5</u> Day <u>26</u> Year <u>61</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2-26-90</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of work life, or if retired) <u>Cook &amp; Waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurants</u>		11. BIRTHPLACE (City and state or country) <u>Porterburg, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13. FATHER'S NAME <u>William Harrison Inley</u>		13b. MOTHER'S MAIDEN NAME <u>Zetta Belle Madison</u>	
14. NAME OF HUSBAND OR WIFE <u>Harley Wise</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Mr. Samuel Helton: 5425 Habash: X.C., Mo.</u>					

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerosis (severe)

with Clinical Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 <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 checked="" 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 _____
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21. I attended the deceased from 5-19-1961 to 5-25-1961 and last saw her alive on 5-25-1961

Death occurred at 1:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title)	22b. ADDRESS <u>2400 Cherry - City</u>	22c. DATE SIGNED <u>5/26/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-29-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brooking Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Raytown Jackson County, Missouri</u>
24. FUNERAL DIRECTOR <u>Weilert Funeral Homes (S) X.C., Mo.</u>	ADDRESS	25. DATE RECEIVED BY LOCAL REG. <u>5-27-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth H Long</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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. Weiland*

Licensed Embalmer No. *4075*

P. O. Address *208 Mo*

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.