

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024607

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. Registrar's No. 33

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 18 1961

1. PLACE OF DEATH
 a. COUNTY **Dallas**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Miller Twsp.** Length of stay in 1b **life**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Tunas** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Dallas**
 c. CITY OR TOWN **Windyville** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Mandy** Middle **J.** Last **Wise**
 4. DATE OF DEATH Month **July** Day **9** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **Caucasian** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **March 20, 1874** 9. AGE (last birthday) **87** IF UNDER 1 YEAR Months **3** Days **19** IF UNDER 24 HR Hours **---** Min. **---**

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) **Dallas County Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Lacy Adams** 13b. MOTHER'S MAIDEN NAME **Katie Henson** 14. NAME OF HUSBAND OR WIFE **Jerry Wise**

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. **None** 17. INFORMANT **Emmett Wise** Address **Tunas, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral Hemorrhage (Apoplexy)** INTERVAL BETWEEN ONSET AND DEATH **12 hrs**
 DUE TO (b) **Hypertension** **5 yrs.**
 DUE TO (c) **Arteriosclerosis** **20 yrs.**
 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 **---** Month, Day, Year **---** a.m. **---** p.m. **---**

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 **1940** to **1961** and last saw her ^{her} ~~him~~ alive on **7-7-61**
 Death occurred at **3:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **C.O. Hammond M.D.** 22b. ADDRESS **Buffalo, Mo.** 22c. DATE SIGNED **7-11-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **July 13, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Hildebrand Cemetery** 23d. LOCATION (City, town, or county) (State) **Dallas County Missouri**

24. FUNERAL DIRECTOR **Montgomery Funeral Home** ADDRESS **Buff., Mo., Missouri** 25. DATE RECD. BY LOCAL REG. **7/17/61** 26. REGISTRAR'S SIGNATURE **Mr. [Signature]**

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 *Vernon H. Viets*
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.