

FILED DEC 12 1956

STANDARD CERTIFICATE OF DEATH

State File No. 38698

BIRTH NO.		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 5705		Registrar's No. 157	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow		c. LENGTH OF STAY (In this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow		2590	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) BESSIE		b. (Middle) LEE		c. (Last) WISELY	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH DEC. 27, 1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Hardin, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John McGarvin		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Bennett		14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Thelma Hendrickson		ADDRESS Dawn, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus				INTERVAL BETWEEN ONSET AND DEATH 24 hrs			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis				10 yrs			
DUE TO (c) Diabetes				7 yrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Leg (2nd time)				15 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		260XF		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1950, to Nov. 29, 1956, that I last saw the deceased alive on Nov. 28, 1956 and that death occurred at 11:00 a.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph P. Conner MD				23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED Nov. 30, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 1st, 1956		24c. NAME OF CEMETERY OR CREMATORY Plymouth Cem.		24d. LOCATION (City, town, or county) (State) Braymer, Missouri	
DATE REC'D BY LOCAL REG Nov 30/56		REGISTRAR'S SIGNATURE Frances B Neill		25. FUNERAL DIRECTOR'S SIGNATURE Mead Funeral Service		ADDRESS Braymer, Mo	

(Licensed Embalmer's Statement on Reverse Side)

B.T.N.

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
Student Embalmer

Signed

E. L. Howells

Licensed Embalmer No.

4927

P. O. Address

Polo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.