

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36897

FILED OCT 29 1953
BIRTH NO. _____

REG. DIST. NO. 298

PRIMARY REG. DIST. NO. 4448

State File No. _____
Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Ray

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lawson

c. LENGTH OF STAY (in this place) 1 hour

d. FULL NAME OF HOSPITAL OR INSTITUTION Physician's office

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE Missouri b. COUNTY Ray

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Knoxville Township

d. STREET ADDRESS (If rural, give location) 3 miles S.W. Knoxville, Mo.

3. NAME OF DECEASED
a. (First) SALLY b. (Middle) _____ c. (Last) WISELY

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 19, 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Sept. - 1889

9. AGE (In years last birthday) 64
If UNDER 1 YEAR: Months 1 Days _____ Hours _____ Minutes _____
If UNDER 12 WKS. Hours _____ Minutes _____

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 Foreign Country) Ray County, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Aaron Teegarden

13b. MOTHER'S MAIDEN NAME
Nancy Carter

14. NAME OF HUSBAND OR WIFE
Grover Wisely

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'S SIGNATURE OR NAME ADDRESS
Grover Wisely, Knoxville, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Op of Breast, operated 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
20 min
15 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
Lawson Ray Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10 to Oct. 19, 1953 **that I last saw the deceased alive on** Oct. 19, 1953, **and that death occurred at** 10:47 am., **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title)
Detlev Buehner M.D.

23b. ADDRESS
Lawson Mo

23c. DATE SIGNED
10/22-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
10-21-1953

24c. NAME OF CEMETERY OR CREMATORY
Union Cemetery

24d. LOCATION (City, town, or county) (State)
Ray County, Missouri

DATE REC'D BY LOCAL REG.
Oct. 22, 1953

REGISTRAR'S SIGNATURE Mrs. Raymond Grover Carter
25. FUNERAL DIRECTOR'S SIGNATURE Richard ADDRESS Richmond Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.