

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1957

57 0219017
STATE FILE NUMBER
Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i>		c. CITY OR TOWN <i>California</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <i>818</i>	
Length of stay in 1b		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>ROSE</i> Middle <i>REGINA</i> Last <i>WISDOM</i>			4. DATE OF DEATH Month <i>June</i> Day <i>22</i> Year <i>1957</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 29 - 1874</i>	9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR: Months <i>8</i> Days <i>23</i> Hours <i>00</i> Min. <i>00</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no.</i>	11. BIRTHPLACE (City and state or country) <i>Prarie Home Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Nicholas Klein</i>			14. MOTHER'S MAIDEN NAME <i>Mary Franklin</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		16. SOCIAL SECURITY NO. <i>no.</i>	17. INFORMANT <i>Edward Wisdom</i> Address <i>California Mo.</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>General and Cerebral Arteriosclerosis</i>		
		DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				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 - a. m. <i>10 a. m.</i> p. m.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <i>California Moniteau MO</i>		
21. I attended the deceased from <i>5-9-53</i> , to <i>6-22-57</i> and last saw <i>her</i> alive on <i>6-22-57</i> Death occurred at <i>10 a. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>R. F. Fulber, M.D.</i> (Degree or title)		22b. ADDRESS <i>California, Mo.</i>		22c. DATE SIGNED <i>6-25-57</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6-24-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Catholic Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>California Mo.</i>
24. FUNERAL DIRECTOR <i>Hugh E. Williams</i> ADDRESS <i>California Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-24-57</i>	26. REGISTRAR'S SIGNATURE <i>Reuben S. Poppey</i>

VS MAY 3 1959

JUN 16 1959

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 *Hugh E. Williams*

Licensed Embalmer No. *25*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.