

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014366

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 689

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Butler</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> Length of stay in 1b <u>28 yrs</u></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Butler</u></p> <p>c. CITY OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>914 Butler</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year</p> <p style="text-align: center;"><u>MEMPHIS ROMAN WISDOM</u> <u>April 8, 1962</u></p>	
<p>5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>10/3/1921</u> 9. AGE (last birthday) <u>40</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Board Public Works Bunker, Mo</u> 11. BIRTHPLACE (City and state or country) <u>U. S. A.</u> 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>	
<p>13a. FATHER'S NAME <u>Marion Wisdom</u> 13b. MOTHER'S MAIDEN NAME <u>Maude Montgomery</u> 14. NAME OF HUSBAND OR WIFE <u>Mrs. Imogene Wisdom</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes. WW2</u> 16. SOCIAL SECURITY NO. <u>491-18-5213</u> 17. INFORMANT Address <u>Mrs. Imogene Wisdom, Poplar Bluff</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Retroperitoneal reticulum cell sarcoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Exploration of retroperitoneal space with biopsy</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>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.) _____</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____</p>	
<p>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 _____</p>	
<p>21. I attended the deceased from <u>4/4/62</u> to <u>4/8/62</u> and last saw him <sup>xxx</sup> alive on <u>4/7/62</u>. Death occurred at <u>6:15 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Type or print) <u>E. T. Hansbrough, M. D.</u> 22b. ADDRESS <u>Poplar Bluff, Missouri</u> 22c. DATE SIGNED <u>4/11/62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u> 23b. DATE <u>4/10/1962</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Black Creek</u> 23d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Frank-Cotrell Chapel, Poplar Bluff, Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>4/14/1962</u> 26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u></p>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

6128  
8128-2

3

4 0

5 1

6

7 0

8 2

9/58X

10

11

12-0

13-0

USE BLACK INK OR TYPEWRITER RIBBON

APR 17 1962

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 Charles E. Young

Licensed Embalmer No. 1877

P. O. Address Poplar Bluff 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.