

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32354

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION -----

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter
d. STREET ADDRESS (If rural, give location) 530 No. Poplar

3. NAME OF DECEASED
a. (First) Ella b. (Middle) Lee c. (Last) Wiley

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 15, 1950

5. SEX Female
6. COLOR OR RACE White

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

8. DATE OF BIRTH Feb. 12, 1885

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR (Months) 7 IF UNDER 12 MOS. (Days) 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Grand Chain, Illinois

12. CITIZEN OF WHAT COUNTRY?
U. S.

13a. FATHER'S NAME
Ed Harris

13b. MOTHER'S MAIDEN NAME
Mary Miller

14. NAME OF HUSBAND OR WIFE
Joe Wiley

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Joe Wiley, Dexter, 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) Cerebral hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 weeks
Several years
331X

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)

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 Sept 10, 1947, to 10 Sept, 1950, that I last saw the deceased alive on 10 Sept, 1950, and that death occurred at 6:38 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J L Waddle M.D.

23b. ADDRESS
Dexter Mo

23c. DATE SIGNED
19 Sept 1950

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

24b. DATE
9-17-50

24c. NAME OF CEMETERY OR CREMATORY
Dexter

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

DATE REC'D BY LOCAL REG.
9-25-50

REGISTRAR'S SIGNATURE
Velma W Jenkins 409

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Strickland-Rainey Dexter, Mo.

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

