

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3887

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 203

0170

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u> b. CITY OR TOWN <u>St Joseph</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> c. CITY OR TOWN <u>Maitland Mo</u> d. STREET ADDRESS (If rural, give location) <u>0440 A</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>WIELEY</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2-17-1951</u>	
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>		<b>8. DATE OF BIRTH</b> <u>10-27-1881</u>	
<b>9. AGE</b> (In years last birthday) <u>69</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Maitland Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Lucrezia Campbell</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bathurst Ashworth</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>deceased</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. W. Callow-Barnard</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CEREBRAL HEMORRHAGE</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>9 DAYS</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIAL HYPERTENSION</u> DUE TO (c) <u>NEPHRITIS</u>		<u>2 Years</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>592X</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>FEB. 8</u> , 19 <u>51</u> , to <u>FEB. 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>FEB. 17</u> , 19 <u>51</u> , and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Edward J. Grinnell, D.O.</u>		<b>23b. ADDRESS</b> <u>710 JULE ST., ST. JOSEPH</u>	
<b>23c. DATE SIGNED</b> <u>2-18-51</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>2-19-1951</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Graham-Cemeter</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Graham-Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 26, 1951</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Casale</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>M. McArthur</u>		<b>ADDRESS</b> <u>Marionville</u>	

MAR 29 1951  
1951 7 1 6300

Campbell Funeral Home  
Morgville Md

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *E M Atchew*

Signed .....  
Student Embalmer

Licensed Embalmer No. *2279*

P. O. Address *Morgville Md*

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.