

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16154**

FILED MAY 26 1952

128

REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **5465**

Registrar's No. **484-A**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 5465		Registrar's No. 484-A	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give town or township) Springfield, North Campbell		c. LENGTH OF STAY (in this place) 75 years		c. CITY (If outside corporate limits, write RURAL and give town or township) Springfield, Campbell			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 4				d. STREET ADDRESS (If rural, give location) Route 4 0390			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Lula		c. (Last) Wiley		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 21, 1866		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Greene County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel K. Bennett			13b. MOTHER'S MAIDEN NAME Caroline Brower		14. NAME OF HUSBAND OR WIFE James F. Wiley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Frank C. Wiley ADDRESS Springfield, 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, ashenia, 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) _____ 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 4 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May 11, 1952 , to May 14, 1952 , that I last saw the deceased alive on 5/14, 1952 , and that death occurred at 4:35 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. M. LeCompte (Degree or title) M.D.				23b. ADDRESS Brookline St. Mo		23c. DATE SIGNED May 16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Clear Creek		24d. LOCATION (City, town, or county) (State) Springfield, Missouri		
DATE REC'D BY LOCAL REG. 5-17-52		REGISTRAR'S SIGNATURE James R. Amos, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf Funeral Home, Inc. ADDRESS Springfield, Missouri			

(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 Leon G. Scherpf

Licensed Embalmer No. 3807

P. O. Address Springfield, 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.