

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31107**

No. 300  
10-48  
520  
9

BIRTH NO. 62935-54 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Gibson Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>05-20</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marian</u> b. (Middle) <u>Jane</u> c. (Last) <u>Wiley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21 1954</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>September 15, 54</u>
9. AGE (In years last birthday) <u>6</u>		10. MONTHS <u>6</u> HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Edina, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Glen Wiley</u>	13b. MOTHER'S MAIDEN NAME <u>Bette Pollock</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glen Wiley</u>
		ADDRESS <u>Gorin, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>72 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exsanguination due to hematemesis</u>		
	ANTECEDENT CAUSES <u>Icterus Neonatorum</u> DUE TO (b) <u>Hepatic Immaturity</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7852</u>	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)
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 9-15, 1954, to 9-21, 1954, that I last saw the deceased alive on 9-21, 1954, and that death occurred at 11:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel D. O.</u>	23b. ADDRESS <u>Edina, Mo.</u>	23c. DATE SIGNED <u>Sept. 25, 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept. 23, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gorin Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Gorin, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Sept. 25, 54</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hinolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertrude Bushett Memphis Mo</u>	ADDRESS
---	---	--	---------

(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.....  
Signature of Student Embalmer

Signed *Albert C. Gurtz*.....

Licensed Embalmer No. *425*.....

P. O. Address *Memphis*.....

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.