

FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37463

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5731</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MACON</u>			
b. CITY OR TOWN <u>Rural - White Twp.</u>		c. LENGTH OF STAY (in this place) <u>5 3/4 yrs</u>		c. CITY OR TOWN <u>Ethel</u>		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Rural Route - North</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELILA</u> b. (Middle) <u>ARTHENA</u> c. (Last) <u>WILEOX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 19, 1864</u>		9. AGE (in years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT WAKLEY</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH POSTON</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Phemie Smedley, Ethel, Mo</u> ADDRESS			
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) <u>Medullary failure</u>	INTERVAL BETWEEN ONSET AND DEATH						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Peripheral vascular collapse</u>						
	DUE TO (c) <u>Prolonged Chronic dehydration</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ethel Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>June 3, 1955</u> , to <u>Nov 15, 1955</u> , that I last saw the deceased alive on <u>Nov 15, 1955</u> , and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John R. Ruffe D.O.</u>				23b. ADDRESS <u>800 W. Jefferson</u>		23c. DATE SIGNED <u>12-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rural Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elmer, Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-3-1955</u>		REGISTRAR'S SIGNATURE <u>W. M. Neely</u> 185		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phemie Smedley</u> ADDRESS <u>Ethel, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12.12.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.55.192
Date Filed 12.12.55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

E. A. Larson

Licensed Embalmer No. 4037

P. O. Address *Bucklin*

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.