

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

State File No. 398

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 398

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cape Girardeau</u>)		c. LENGTH OF STAY (in this place) <u>59 yrs</u>	c. CITY OR TOWN <u>Cape Girardeau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Newell's Clinic</u>		STREET ADDRESS (If rural, give location) <u>Route #1, Bend Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle) <u>N.</u>	c. (Last) <u>Wiley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1957</u>
----------------------------------------------------------------	-----------------------	------------------------	---------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 6, 1888</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	-----------------------------------------	-----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired shoe worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gray Ridge, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------	--------------------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>Sam Wiley</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Barber</u>	14. NAME OF HUSBAND OR WIFE <u>Egie Kinder Wiley</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>490-05-6524</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Egie Wiley, Cape Girardeau, Mo.</u>
--------------------------------------------------------------------------------------------------------------------	--------------------------------------------	---------------------------------------------------------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Craniotary Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Atherosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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) (Min.)	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 Aug 12, 1957, to Aug 15, 1957, that I last saw the deceased alive on Aug 15, 1957, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Newell</u>	23b. ADDRESS <u>283 Spanish Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>8/17/57</u>
------------------------------------------------------	-----------------------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 18, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hobbs Chappel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
---------------------------------------------------------	--------------------------------	--------------------------------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>8-24-57</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Hanan Cape Girardeau, Mo.</u>
-----------------------------------------	--------------------------------------------	---------------------------------------------------------------------------------

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... *H. J. Hansen*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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.