

pt. Health,
, & Welfare
S. Public
lth Service.

FILED DEC 31 1957

STANDARD CERTIFICATE OF DEATH

448805
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 622

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSP.		Length of stay in 1b 27 YRS	d. STREET ADDRESS (If outside, give location) 420 N. PEARL AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DORSEY Middle OREN (DOC) Last WILES			4. DATE OF DEATH Month DEC. Day 16, Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR. 18, 1893	9. AGE (In years last birthday) 64	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) LIVESTOCK DEALER		10b. KIND OF BUSINESS OR INDUSTRY BURNEY-WILES COMM. CO.	11. BIRTHPLACE (City and state or country) MARIONVILLE, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME LANKFORD WILES		13b. MOTHER'S MAIDEN NAME KATHRYN PARKS		14. NAME OF HUSBAND OR WIFE LELLA WILES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK		17. INFORMANT Address MRS. LELLA WILES, 420 N. PEARL STREET	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of prostate</u> DUE TO (c) <u>177X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Extension of tumor into iliac vessels - right leg.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>7 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>11-4-57</u> to <u>12-16-57</u> and last saw her/him alive on <u>12-16-57</u> Death occurred at <u>5:30 PM 12-16-57</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. S. Longmire M. D.</u>			22b. ADDRESS <u>601 F-R-L Bld. Joplin Mo.</u>		22c. DATE SIGNED <u>12-18-57</u>
23a. BURIAL, CREMATION, (Specify) BURIAL		23b. DATE 12-19-57	23c. NAME OF CEMETERY OR CREMATORY MARIONVILLE CEMETERY,		23d. LOCATION (City, town, or county) (State) MARIONVILLE, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. 12-24-57	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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JAN 24 1958

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.