

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017938  
State File No.

BIRTH NO. 141 MAY 19 1958 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 79

04114

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fox Creek Twp.</u>	
c. LENGTH OF STAY (in this place) <u>6 mo</u>		d. STREET ADDRESS (If rural, give location) <u>10 mile E Bethany</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy Rest Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Albert James Wiley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-11-58</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-14-1881</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James P. Wiley</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda Shearer</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie 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>87-42-5762</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Wiley</u>		ADDRESS <u>Ridgeway Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Bilateral Broncho-pneumonia</u>				<u>1 day</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Congestive Heart Failure</u>				<u>7 days</u>	
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>						<u>20 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Surgical Repair Fractured Left Hip</u>				<u>6 weeks</u>	

19a. DATE OF OPERATION <u>2/16/58</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric Fracture Left Femur</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>--</u>	

22. I hereby certify that I attended the deceased from 8/29/57, 1957, to 5/11/58, 1958, that I last saw the deceased alive on 5/11/58, 1958, and that death occurred at 9:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm McCutney</u>		23b. ADDRESS <u>Bethany, Missouri</u>		23c. DATE SIGNED <u>5/13/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon</u>	
24d. LOCATION (City, town, or county) (State) <u>Ridgeway Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Maxine</u>		ADDRESS <u>Bethany, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-13-58</u>		REGISTRAR'S SIGNATURE <u>Jella Maxey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Maxine</u>	

**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 MB Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.