Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043341
STATE FILE NUMBER

DEC 29 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1363

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hosp. #2 — Length of stay in Ib: 55 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St.Joseph 0117 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1328 Buchanan Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ABNER Middle: L. Last: WILEY

4. DATE OF DEATH Month Day Year: Dec. 21, 1958

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Sept. 23, 1898

9. AGE (In years last birthday): 60 — 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): Weight Master

10b. KIND OF BUSINESS OR INDUSTRY: Stock Yards

11. BIRTHPLACE (City and state or country): Savonburg, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Willard W. Wiley

13b. MOTHER'S MAIDEN NAME: Sallie West

14. NAME OF HUSBAND OR WIFE: Lula I. Wiley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: 487-07-9913

17. INFORMANT Address: Mrs. Lula Wiley, 1328 Buchanan, St.Joseph, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pnuemonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Presenile brain disease 522 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec.21,1958, to Dec.21, 1958 and last saw her/him alive on Dec. 21, 1958
Death occurred at 10:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. E. Cossins M.D.
22b. ADDRESS: State Hosp. #2, St.Joseph, Mo.
22c. DATE SIGNED: 12/21/1958

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12/23/1958
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or country) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR ADDRESS: Heston-Bowman St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 22 1958
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dr. C. E. Cossins
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Eugene Wood

Licensed Embalmer No. 3904

P. O. Address 519 So 10th St Joe

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.