

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019866

FILED VS. MAY 25 1960

155 Primary Registration District No. 5579 Registrar's No. 88

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City Mineral Twp		Length of stay in 1b • 2 mos.		c. CITY OR TOWN Red Oak Community		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Near Golden City		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last James Garfield Wiley				4. DATE OF DEATH Month Day Year May 15 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/19/1880		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer			11. BIRTHPLACE (City and state or country) Sharon, Ohio			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME James Wiley			13b. MOTHER'S MAIDEN NAME no data			14. NAME OF HUSBAND OR WIFE							
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.			17. INFORMANT James E. Wiley, 901 E. 5th, Joplin, Mo.			Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchopneumonia DUE TO (c) Arteriosclerosis								INTERVAL BETWEEN ONSET AND DEATH 3 days 2 days Unknown					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 3-15-60 to 5-15-60 and last saw him ^{xxx} live on 5-12-60 - Death occurred at 8 a. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>J. Gregory</i> (Degree or title) <i>DO</i>						22b. ADDRESS 624 W. Broadway, Webb City, Mo.			22c. DATE SIGNED 5-18-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 18, 1960		23c. NAME OF CEMETERY OR CREMATORY Red Oak Cemetery			23d. LOCATION (City, town, or county) (State) Lawrence County, Mo.						
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City, Mo.					25. DATE RECD. BY LOCAL REG. 5-18-60		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Gray

Licensed Embalmer No. 4400

P. O. Address Webb Co

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.