

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-031639  
STATE FILE NUMBER

FILED VS SEP 7 1960

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 98

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Wichart</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural-Wichart</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dial in the Home</u>		Length of stay in lb <u>80 yia</u>	d. STREET ADDRESS <u>6402</u> (If outside, give location)
3. NAME OF DECEASED (Type or print) First <u>Lela</u> Middle _____ Last <u>Wiley</u>		4. DATE OF DEATH <u>Aug. 19-1960</u> Month Day Year	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 18-1879</u>
9a. AGE (In years last birthday) <u>81</u>		9b. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Walter Wiley</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Merogins</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT <u>Marge Wiley</u> Address <u>Wichart Mo</u>
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>Cardio-vascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4221</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 <u>1957</u> to <u>Aug 19-60</u> and last saw her alive on <u>Aug. 18-60</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, for the causes stated.			
22a. SIGNATURE <u>H. H. Hamel M.D.</u> (Degree or title)		22b. ADDRESS <u>Springfield, Mo</u>	22c. DATE SIGNED <u>Aug-26-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug. 31-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Enon Cemetery</u>	23d. LOCATION (City, town, or county) <u>Polk Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Sidney J. Pitts</u> ADDRESS <u>Pol. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 28, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Borden</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard J. Pitta* .....

Licensed Embalmer No. *4939* .....

P. O. Address *Bol. 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.