

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007455

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 2000 Registrar's No. 89

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville, Mo.</b>		c. CITY OR TOWN <b>Kirksville, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stickler Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>RFD 5</b>	
3. NAME OF DECEASED (Type or print) First <b>Eva</b> Middle <b>Theresa</b> Last <b>Wesley</b>		4. DATE OF DEATH Month <b>3</b> Day <b>29</b> Year <b>61</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-3-92</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (City and state or country) <b>Moberly, Mo.</b>
13a. FATHER'S NAME <b>J.A. Green</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Albert J. Wesley</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Albert J. Wesley-RFD5</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rectal Hemorrhage; Carcinoma Metastasis to Liver</b> DUE TO (b) <b>Cancer of G-I Tract</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2-3 mons.</b>
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 checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 <b>March 3, 1961</b> to <b>March 29, 1961</b> and last saw her <b>March 29, 1961</b> alive on <b>March 29, 1961</b>		Death occurred at <b>12:30P</b> in or, the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>R. Stickler M.D.</b> (Degree or title)		22b. ADDRESS <b>107 E. Harrison, Kirksville, Mo.</b>	22c. DATE SIGNED <b>3-30-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-3-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland Park</b>	23d. LOCATION (City, town, or county) (State) <b>KIRKSVILLE MO</b>
24. FUNERAL DIRECTOR <b>Lee Riley Funeral Home, Kirksville, Mo</b> ADDRESS <b>W.K. Jackson</b>		25. DATE RECD. BY LOCAL REG. <b>4-1-1961</b>	REGISTRAR'S SIGNATURE <b>Dora W. Pettif</b>

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 5 1962

R. O. STICKLER, M.D.

**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 W. K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville, 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.