

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018839

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 380 Primary Registration District No. 3076 Registrar's No. 73

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

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USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 25 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY: <u>Vernon</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Nevada</u> Length of stay in 1b: _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>Nevada Hospital</u> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE: <u>Missouri</u> b. COUNTY: <u>Vernon</u></p> <p>c. CITY OR TOWN: <u>Nevada</u> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS: <u>329 South Ash</u> (If outside, give location) Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last</p> <p style="text-align: center;"><u>WILEY J. INNIS</u></p>	
<p>4. DATE OF DEATH Month Day Year</p> <p style="text-align: center;"><u>April 15 1963</u></p>	
<p>5. SEX</p> <p style="text-align: center;"><u>M</u></p>	<p>6. COLOR OR RACE</p> <p style="text-align: center;"><u>Wh</u></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH</p> <p style="text-align: center;"><u>3-1-1888</u></p>
<p>9. AGE (last birthday)</p> <p style="text-align: center;"><u>75</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p style="text-align: center;">Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p> <p style="text-align: center;"><u>Real Estate Broker</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY</p> <p style="text-align: center;"><u>Retired RR Engineer</u></p>
<p>11. BIRTHPLACE (City and state or country)</p> <p style="text-align: center;"><u>Gates City, Oklahoma</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY</p> <p style="text-align: center;"><u>USA</u></p>	
<p>13a. FATHER'S NAME</p> <p style="text-align: center;"><u>Milford Taylor Innis</u></p>	<p>13b. MOTHER'S MAIDEN NAME</p> <p style="text-align: center;"><u>Lucinda Grace Maple</u></p>
<p>14. NAME OF HUSBAND OR WIFE</p> <p style="text-align: center;"><u>Mary E. Innis</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p> <p style="text-align: center;"><u>No</u></p>	<p>16. SOCIAL SECURITY NO.</p> <p style="text-align: center;">_____</p>
<p>17. INFORMANT Address</p> <p style="text-align: center;"><u>Mrs. Mary E. Innis, Nevada, Missouri</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Carcinoma of Lung.</u></p> <p style="text-align: center;">DUE TO (b) <u>Don't know.</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;"><u>none</u></p>	
<p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT SUICIDE HOMICIDE</p> <p style="text-align: center;"><u>none</u></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> <p style="text-align: center;"><u>none</u></p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p> <p style="text-align: center;">_____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p style="text-align: center;">_____</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p> <p style="text-align: center;"><u>Nevada - Vernon - Mo.</u></p>	
<p>21. I attended the deceased from <u>March 15-63</u> to <u>April 15-63</u> and last saw ^{them} him alive on <u>April 15-1963</u>.</p> <p>Death occurred at <u>6:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title)</p> <p style="text-align: center;"><u>W. E. Innis MD</u></p>	<p>22b. ADDRESS</p> <p style="text-align: center;"><u>Nevada, Mo.</u></p>
<p>22c. DATE SIGNED</p> <p style="text-align: center;"><u>4-17-63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify)</p> <p style="text-align: center;"><u>Burial</u></p>	<p>23b. DATE</p> <p style="text-align: center;"><u>April 17, 1963</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY</p> <p style="text-align: center;"><u>Newton Burial Park</u></p>	<p>23d. LOCATION (City, town, or county) (State)</p> <p style="text-align: center;"><u>Nevada Missouri</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS</p> <p style="text-align: center;"><u>Ferry Funeral Home Nevada, Missouri</u></p>	<p>25. DATE RECD. BY LOCAL REG.</p> <p style="text-align: center;"><u>4-23-1963</u></p>
<p>26. REGISTRAR'S SIGNATURE</p> <p style="text-align: center;"><u>Anna E. Jerry</u></p>	

MAY 23 1963

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 L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

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.

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