No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8236

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fronton 5
c. LENGTH OF STAY (in this place): 11 mo 28 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Home for Aged Baptist

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson 27
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto 2
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Murrell
c. (Last): Wiley

4. DATE OF DEATH (Month) (Day) (Year): Mch 28, 1949

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 10 1860
9. AGE (In years last birthday): 88 — If under 1 year: Months 5 Days 18 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and merchant
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): Jefferson Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Thomas J. Wiley
13b. MOTHER'S MAIDEN NAME: Elizabeth Merrell
14. NAME OF HUSBAND OR WIFE: Fannie B. Cape

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.: None
17. INFORMANT'S SIGNATURE OR NAME: D. J. Scott — **ADDRESS**: Fronton Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bi-lateral Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3/25/49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute naso-pharyngitis — 3/21/49
DUE TO (c) chronic myocarditis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
chronic Prostatitis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 491X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/21, 1949, *to* 3/28, 1949, *that I last saw the deceased alive on* 3/28, 1949, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Garland (Degree or title) M.D.
23b. ADDRESS: Fronton Mo
23c. DATE SIGNED: 3/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 3-31-49
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): De Soto, Missouri

DATE REC'D BY LOCAL REG.: April 5-49
REGISTRAR'S SIGNATURE: Mrs Ann Jones
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Donnell B. Diffrich, De Soto Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 449-491

Date Filed 4-13-49

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 Was not embalmed, Student Embalmer No. ....., working under my personal supervision.

Signed Pearl J. White

Licensed Embalmer No. 3012

P. O. Address Fronton Ave

Signed .....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.