

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1915

State File No.

0740

BIRTH NO. 251 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 4824 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Skidmore		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City	
c. LENGTH OF STAY (In this place) 3 months		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Pleasant b. (Middle) - Samuel c. (Last) Wiley			4. DATE OF DEATH (Month) (Day) (Year) 1 18 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 10 9 1890		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Days 3 IF UNDER 24 HRS. Hours 9 Mins. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant operator		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Ringold County, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Abner Wiley		13b. MOTHER'S MAIDEN NAME Nellie Adams		14. NAME OF HUSBAND OR WIFE Maymie Scadden Wiley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknowns) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maymie Wiley Skidmore, 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) Hemiparesis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignancy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour Approx 6 hrs 1998	
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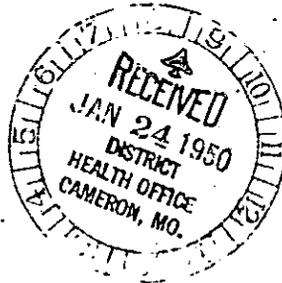
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Skidmore, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 18, 1950, to Jan 18, 1950, that I last saw the deceased alive on Jan 18, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold E. Walker		23b. ADDRESS Skidmore, Missouri		23c. DATE SIGNED 1/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1 21 1950		24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery	
24d. LOCATION (City, town, or county) (State) Grant City, Mo.					

DATE REC'D BY LOCAL REG. 1-21-50		REGISTRAR'S SIGNATURE Bess Bolt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Duffer Grant City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.

Signed Arch C. Dunfee.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3252

P. O. Address Heart City, 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 this body is not embalmed, fact should be so stated above.