

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4477

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Munro Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>		b. (Middle) <u>Ann</u> c. (Last) <u>Wiley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>2 25 1950</u>		5. SEX <u>female</u> 6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>1 24 1851</u>	
9. AGE (In years last birthday) <u>99</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Worth County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Pleasant Wiley</u>		13b. MOTHER'S MAIDEN NAME <u>Patsy Powell</u>	
14. NAME OF HUSBAND OR WIFE <u>Abner Thomas Wiley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Patsy Long Grant City, Mo.</u>	
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) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u>			
DUE TO (c) <u>Nephro-Sclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Feb 10, 1950</u> , to <u>Feb 25, 1950</u> , that I last saw the deceased alive on <u>Feb 23, 1950</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>R. J. Milligan, D.D.</u>		23b. ADDRESS <u>Stanberry Mo</u>	
23c. DATE SIGNED <u>2-25-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2 27 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mount Ayr, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>Mar 4-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs Edith Childs</u> ADDRESS <u>Grant City Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Duffer</u>		ADDRESS <u>Grant City Mo.</u>	

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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. Dwyler

Signed _____
Student Embalmer

Licensed Embalmer No. 3250

P. O. Address Grant 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.