

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20943**

No. 300  
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>194</b>	
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Hannibal</b> )		c. LENGTH OF STAY (In this place) <b>1 hour</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Philadelphia</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Round Grove Township</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucille</b>		b. (Middle) <b>McCurdy</b>		c. (Last) <b>Wiley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 11 1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 16, 1909</b>	
9. AGE (In years last birthday) <b>41</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Warren County, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Roy McCurdy</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Mae Kugler</b>		14. NAME OF HUSBAND OR WIFE <b>Julius Wiley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Julius Wiley, Philadelphia, Mo.</b> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Latent Hypertension</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension BP 250/150</b> DUE TO (b) _____ DUE TO (c) <b>Cyanotic &amp; comatose when first seen</b> II. OTHER SIGNIFICANT CONDITIONS <b>Cyanotic &amp; comatose when first seen</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>  <b>6425</b>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <b>6-11-1950</b> , to <b>6-11-1950</b> , that I last saw the deceased alive on <b>6-11-1950</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. P. Berney</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Hannibal Mo</b>		23c. DATE SIGNED <b>6-12-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Philadelphia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Philadelphia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 12 1950</b>		REGISTRAR'S SIGNATURE <b>W. P. Berney</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>James M. Palmyra, Mo.</b> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 17 1950  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 19 1950

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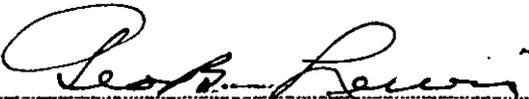
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**STATEMENT BY LICENSED EMBALMER**

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 \_\_\_\_\_  


Signed.....  
Student Embalmer

Licensed Embalmer No. 2382

P. O. Address Palmyra, 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.