

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27698

150

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Pickering 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) none	
3. NAME OF DECEASED (Type or Print) a. (First) JACOB	b. (Middle) WALLIS	c. (Last) WILEY	4. DATE OF DEATH (Month) (Day) (Year) 7 3 50
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/30/74
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (State or foreign country) Pickering, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James A. Wiley	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Hester Watson Wiley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. W. Wiley, Pickering, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diaphragmatic hernia		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Circumstantial ulcer DUE TO (c) in a stricture of stomach?		151X
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) 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 Feb 18 1950, to July 3 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. D. D		23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 7/19/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/5/50	24c. NAME OF CEMETERY OR CREMATORY White Oak	24d. LOCATION (City, town, or county) (State) Pickering, Missouri
DATE REC'D BY LOCAL REG. 7-22-50	REGISTRAR'S SIGNATURE Bessie	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	ADDRESS

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.

Student
Student Embalmer

Signed Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.