

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40419

State File No. ....

BIRTH NO. 22731-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 2058

|                                                                                                                                    |  |                                                                                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>GREENE</u>                                                                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Barton</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>                                    |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>                                             |  |
| c. LENGTH OF STAY (If in this place) <u>11 days</u>                                                                                |  | d. STREET ADDRESS (If rural, give location) <u>1405- Bulf St.</u>                                                                     |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u> |  |                                                                                                                                       |  |

|                                                                                                           |                           |                                                                      |                                       |                                                             |                                           |
|-----------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------|-------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)                                                                       |                           |                                                                      | 4. DATE OF DEATH (Month) (Day) (Year) |                                                             |                                           |
| a. (First) <u>James</u>                                                                                   | b. (Middle) <u>Bickel</u> | c. (Last) <u>Wiley</u>                                               | <u>Dec. 30 1950</u>                   |                                                             |                                           |
| 5. SEX <u>male</u>                                                                                        | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Dec. 9-1950</u>   |                                                             | 9. AGE (In years last birthday) <u>21</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>                      |                                       | 11. BIRTHPLACE (State or foreign country) <u>Lamar, Mo.</u> |                                           |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>                                                                 |                           |                                                                      |                                       |                                                             |                                           |

|                                                                             |  |                                                   |  |                                                                                     |  |
|-----------------------------------------------------------------------------|--|---------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>Wm. George Wiley</u>                                  |  | 13b. MOTHER'S MAIDEN NAME <u>Georgia E. Smith</u> |  | 14. NAME OF HUSBAND OR WIFE <u>NONE</u>                                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknown) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>NONE</u>               |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm. George Wiley</u> ADDRESS <u>Lamar, Mo.</u> |  |

|                                                                                                                                                |  |                                                                                                                                         |  |                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)                                                                         |  | MEDICAL CERTIFICATION                                                                                                                   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Birth hemorrhage</u>                                                        |  | II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  | <u>7600</u>                      |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____      |  |                                  |  |

|                                                    |  |                                                                                                        |  |                                                                                  |  |
|----------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| 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 12-19 1950, to 12-30 1950, that I last saw the deceased alive on 12-30 1950, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

|                                                                 |  |                                    |  |                                  |  |
|-----------------------------------------------------------------|--|------------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE <u>Richard Busch</u> (Degree or title) <u>MD</u> |  | 23b. ADDRESS <u>Springfield Mo</u> |  | 23c. DATE SIGNED <u>12-31-50</u> |  |
|-----------------------------------------------------------------|--|------------------------------------|--|----------------------------------|--|

|                                                                    |  |                                                            |  |                                                         |  |
|--------------------------------------------------------------------|--|------------------------------------------------------------|--|---------------------------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)                          |  | 24b. DATE <u>12-31-50</u>                                  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Dickson Tenn.</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Dickson Tenn.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingensmith</u> |  | ADDRESS <u>Springfield</u>                              |  |
| DATE REC'D BY LOCAL REG. <u>1-2-51</u>                             |  | REGISTRAR'S SIGNATURE <u>W E Handley</u>                   |  |                                                         |  |

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

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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.

Student .....  
Student Embalmer

Signed Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.