

STANDARD CERTIFICATE OF DEATH

State File No. **38182**

FILED DEC 7 1951 REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **4336** Registrar's No. **37**

0690

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

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) HOLLIDAY		c. CITY (If outside corporate limits, write RURAL and give township) HOLLIDAY	
c. LENGTH OF STAY (In this place) 29 YRS		d. STREET ADDRESS (If rural, give location) HOLLIDAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOLLIDAY			
3. NAME OF DECEASED a. (First) LUCY		b. (Middle) CORDELIA	
c. (Last) WILEY		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5th, 1951.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 18, 1864
9. AGE (In years last birthday) 87		10. MONTHS 8	11. DAYS 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME HENRY PENDICK		13b. MOTHER'S MAIDEN NAME MARGARET TYNER	
14. NAME OF HUSBAND OR WIFE WALTER S. 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. ✓	
17. INFORMANT'S SIGNATURE OR NAME ROLLON WILEY,		ADDRESS HOLLIDAY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes.	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1955	
19c. 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Russell M. Wilson		23b. ADDRESS Monroe City Mo	
23c. DATE SIGNED 11-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-7-51	
24c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.		24d. LOCATION (City, town, or county) (State) HOLLIDAY, MISSOURI	
DATE REC'D BY LOCAL REG. 11-14-51		REGISTRAR'S SIGNATURE Anna M. Buehler	
25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey		ADDRESS PARIS, MO.	

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1953

Date Received: NOV 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2186
Date Filed: DEC 5 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed W. B. Blakey.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2614.....

P. O. Address Paris, Missouri.....

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.