S. No. 300
v. 10-48

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40511

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 72

1090
4

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

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton
c. LENGTH OF STAY (in this place): 15 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Katie Jane Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton 1090
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): S.
c. (Last): Wilfley

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 28, ~~1878~~ 1877
9. AGE (In years last birthday): ~~73~~ 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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): Guthrie, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Sheley
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: O.S.Wilfley, dec'd.

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: John S. Wilfley, 6343 111th St. S.W. Tacoma, Wash.

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): Coronary occlusion acute — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c): Arteriosclerotic heart

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Disease — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 3, 1950, *to* Oct 30, 1951, *that I last saw the deceased alive on* Oct 26, 1951, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold T. Hochscher Md
23b. ADDRESS: Warrenton Mo
23c. DATE SIGNED: 11-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 11-5-51
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 11-5-51
REGISTRAR'S SIGNATURE: Floyd Logan 421
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: F.W.Nieburg & Co., Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 10 1951
DISTRICT HEALTH OFFICE No. 4
File No. ----------
MAR 27 19

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 John J. Liebing

Licensed Embalmer No. 3897

P. O. Address Warrenton, Mo.

Signed .....
Student Embalmer

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.

State of Washington } ss.
County of Pierce }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 40511
Local Registrar's No. 72

On this 1st day of December, 1951, before me appears John S. Wilfley, who, upon his oath, states that the original record of ~~birth~~ death for Effie S. Wilfley died October 30, 1951, in the State of Missouri, and which was filed at Warrenton, Mo. ~~born~~ on Nov. 5, 1951 should be corrected as follows:

Item No. 8 should read January 28, 1877
Instead of January 28, 1878

Item No. 9 should read 74 years
Instead of 73 years

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

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Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John S. Wilfley Son
Relationship.

6343 111th St. S.W. Tacoma, Wash.
Present Address.

Subscribed and sworn to before me this 1st day of December, 1951.

My Commission expires July 23, 1954 John L. Stewart Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
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