S. No. 300
v. 10.48

0440
1

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1091

State File No.

FILED FEB 6 1952

BIRTH NO. REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4223 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maitland
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maitland 0440
d. STREET ADDRESS (If rural, give location): none 0

3. NAME OF DECEASED (Type or Print)
a. (First): MABEL
b. (Middle): MAY
c. (Last): WILES

4. DATE OF DEATH (Month): 1 (Day): 30 (Year): 52

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 12/26/77

9. AGE (In years last birthday): 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): Illinois 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Mowry

13b. MOTHER'S MAIDEN NAME: Irene Norman

14. NAME OF HUSBAND OR WIFE: Merady M. Wiles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: M. M. Wiles, Maitland, Missouri

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 492X

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* Jan 16, 1952 *to* Jan. 30, 1952, *that I last saw the deceased alive on* Jan 28, 1952, *and that death occurred at* 7:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. E. Hogan MD

23b. ADDRESS: Mound City, Missouri

23c. DATE SIGNED: 1-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 2/1/52

24c. NAME OF CEMETERY OR CREMATORY: Graham

24d. LOCATION (City, town, or county) (State): Graham, Missouri

DATE REC'D BY LOCAL REG.: 2/2/52

REGISTRAR'S SIGNATURE: J. C. Tracy by wife

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Chas M. Price

Signed.....
Student Embalmer

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.