

No. 300
10-48

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4720

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3900</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>New Boston</u>		0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAR (ON ARRIVAL at KATH)</u>				d. STREET ADDRESS (If rural, give location) <u>R. Rt #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nylene</u>			b. (Middle) <u>FERN LORENE</u>			c. (Last) <u>Wiley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (specify) <u>N.M. N</u>	
8. DATE OF BIRTH <u>Dec. 20, 1951</u>		9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Linn Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Wiley</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Cooper</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Wiley New Boston Mo</u>			
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) <u>Sepsis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hemorrhagic bronchopneumonia 24 hrs</u>			
				DUE TO (c) <u>Probable influenzae 72 hrs</u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvulitis & endocarditis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		480X	
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 <u>child death on arrival</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on <u>near 3⁴⁵ pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. C. Kelly, D.O.</u>				23b. ADDRESS <u>Kirksville, Mo</u>		23c. DATE SIGNED <u>2-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grantsville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Grantsville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-19-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Home</u>		ADDRESS <u>Laclede Mo</u>	

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 *Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Kingsville, Md*

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.