

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43247**  
**5663**

FILED **DEC 15 1953**  
BIRTH NO. **79215**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>4 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>5103 Cleveland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		e. CITY OR TOWN <b>Kansas City</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>William</b>	b. (Middle) <b>Ernest</b>	c. (Last) <b>Wiley</b>	<b>11-30-1953</b>		

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>new born</b>	8. DATE OF BIRTH <b>11-26-53</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours
				-	-	4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
					12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Bill Daniel Wiley</b>	13b. MOTHER'S MAIDEN NAME <b>Ernestine Cecelia Martin</b>	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 <b>Mr. Bill Wiley</b>	ADDRESS <b>5103 Cleveland K.C. Mo.</b>
-------------------------------------------------------------------	-------------------------	---------------------------------------------------------	----------------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meconium Peritonitis</b>		
	ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Perforation of Small Intestine</b> DUE TO (c) <b>Bangrene of Small Intestine</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>5703</b>

19a. DATE OF OPERATION <b>11-30-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Volvulus of Small Intestine</b>	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)
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 **11-26**, 19**53**, to **11-30**, 19**53**, that I last saw the deceased alive on **11-30**, 19**53**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Angelo Lapi</b> (Degree or title) <b>Antony</b>	23b. ADDRESS <b>101 Memorial Drive</b>	23c. DATE SIGNED <b>12-1-53</b>
-------------------------------------------------------------------	----------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC. 2, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
---------------------------------------------------------	-------------------------------	---------------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>12-1-53</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. W. Newcomer</b>	ADDRESS <b>Home, Kansas City, Mo.</b>
-----------------------------------------	----------------------------------------------	--------------------------------------------------------	---------------------------------------

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

**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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City, 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.