

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43405

State File No. _____

FILED DEC 17 1953

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 13028 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 2</u> <u>0490</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>EVELYN</u> c. (Last) <u>WILES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 4, 1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 25, 1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lamar, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Peter Waltman</u>	13b. MOTHER'S MAIDEN NAME <u>Alice L. Everhart</u>	14. NAME OF HUSBAND OR WIFE <u>Earl Wiles</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Skyles</u>	ADDRESS <u>307 W. 2nd, Carthage</u>
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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, asthma, 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) <u>1st, 2nd, & 3rd degree burns (flame)</u>		
	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.		<u>E9160</u> <u>16</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion township Jasper Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 3, 1953 3:30p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>clothes caught fire from house fire</u>
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22. I hereby certify that I attended the deceased from Dec 2d, 1953, to Dec 4th, 1953, that I last saw the deceased alive on Dec 4th, 1953, and that death occurred at 7:10p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Darwin Magee D.O.</u>	23b. ADDRESS <u>Jasper, Mo.</u>	23c. DATE SIGNED <u>12-4-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-7-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Knell Mortuary Carthage, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 16 1953

Jasper County Health Office

County File Number 53-12-1007

Date Filed DEC 16 1953

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.....
Signature of Student Embalmer

Signed..... *Robert H. Knell*

Licensed Embalmer No. 4459

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.