

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43666**

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **4324** Registrar's No. **24-53**

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Juscumbia</b>	c. LENGTH OF STAY (In this place) <b>124 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Russellville 0260</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lumpkin (Podiatric)</b>		d. STREET ADDRESS (If rural, give location) <b>RR 2, 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>A.</b> c. (Last) <b>Wiles</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 7 1953</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>wid.</b>	8. DATE OF BIRTH <b>Oct 17-1873</b>	9. AGE (In years last birthday) <b>80</b>	10. MONTHS <input type="checkbox"/>	11. DAYS <input type="checkbox"/>	12. HOURS <input type="checkbox"/>	13. MIN. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or Foreign Country) <b>Spring Garden Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>Joseph Wiles</b>	13b. MOTHER'S MAIDEN NAME <b>Angeline Lippard</b>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Ron Wiles Russellville</b>	18. ADDRESS
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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.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>several hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiovascular Disease</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **Aug 4, 1953**, to **Dec. 7, 1953**, that I last saw the deceased alive on **Dec. 7, 1953**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. E. Humphrey, D.D.</b>	23b. ADDRESS <b>Juscumbia, Mo.</b>	23c. DATE SIGNED <b>12-8-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 9-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>	24d. LOCATION (City, town, or county) (State) <b>Russellville Mo</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 14-1953</b>	REGISTRAR'S SIGNATURE <b>Mrs. Richard L. Wright</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stephens Funeral</b>	ADDRESS <b>Russellville Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Mo 300  
10-48

06660

P. L. ...

16omb

DEC 19 1921

DEC 19 1921

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 *G. M. Steffen* \_\_\_\_\_

Licensed Embalmer No. *2507*

P. O. Address *Russellville 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.