No. 300
30-48

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16938

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 37

860

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

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worthington Elm
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Wapello
c. CITY OR TOWN: Ottumwa
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 8140 8

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Gladys
c. (Last): Dwiley

4. DATE OF DEATH (Month) (Day) (Year): May 31 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-25-1917
9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months 10 Days 6
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (City and State or Foreign Country): Worthington Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Walter Collis
13b. MOTHER'S MAIDEN NAME: Anna Mae Adams
14. NAME OF HUSBAND OR WIFE: Victor Dwiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Victor O Dwiley
ADDRESS: Ottumwa Ia

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, asthenia, 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)	Hypostatic pneumonia	2 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Secondary carcinoma right lung	6 months
DUE TO (c)	Primary carcinoma uterus	3 years
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death	Lymphangitis right leg	2 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 174 X
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* 8/23, 1950, *to* 5/29, 1954, *that I last saw the deceased alive on* 5/29, 1954, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward M. Roberts, D.C. 2
23b. ADDRESS: Queen City, Mo.
23c. DATE SIGNED: 6/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-2-54
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Home Cemetery
24d. LOCATION (City, town, or county) (State): Worthington Mo

DATE REC'D BY LOCAL REG.: 6-5-54
REGISTRAR'S SIGNATURE: Marvill Durbin 266-
25. FUNERAL DIRECTOR'S SIGNATURE: Jack Dooley
ADDRESS: Queen City, 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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack Dooley

Licensed Embalmer No. 46

P. O. Address Queen C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.