

19225

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

2330

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2330</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>13 yrs.</u>		c. CITY OR TOWN <u>Kansas City</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>1507 East 73rd St.</u>				e. STREET ADDRESS (If rural, give location) <u>1507 E. 73rd St.</u> <u>3908</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Chris</u> b. (Middle) <u>S.</u> c. (Last) <u>Wiles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-21-54</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-18-1891</u>		9. AGE (In years last birthday) <u>62</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) <u>Retired, office mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Montgomery Ward Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Harry C. Wiles</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Inez Wiles</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>070-01-1609</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Inez Wiles, 1507 E. 73rd, KC Mo</u>			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Benign Tumor</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>12 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19 <u>54</u> to <u>5-21</u> , 19 <u>54</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>May 21, 1954</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Glenn O. Carbaugh</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>2004 Bryant Blvd, KC</u>		23c. DATE SIGNED <u>5-23-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery, Kansas City, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>5-23-54</u>		REGISTRAR'S SIGNATURE <u>Leidie Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Fulton, Kansas City, Kans.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED JUN 16 1954

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 *Halp Fulton*.....

Licensed Embalmer No. *35*.....

P. O. Address *H.C.K.*.....

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.