

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31403**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **185**

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla | | c. CITY OR TOWN Rolla | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 3 months | | e. STREET ADDRESS (If rural, give location) 304 East 13th Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 304 East 13th Street | | e. STREET ADDRESS (If rural, give location) 304 East 13th Street | |
| 3. NAME OF DECEASED a. (First) BEVERLY | | b. (Middle) HUGHES | |
| c. (Last) WILEY | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH August 31, 1901 |
| 9. AGE (In years last birthday) 53 | | IF UNDER 1 YEAR (Months) 53 | IF UNDER 4 HRS. (Hours) (Min.) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Soldier | | 10b. KIND OF BUSINESS OR INDUSTRY U. S. Army | 11. BIRTHPLACE (City and State or Foreign Country) Tackett's Mill, Kentucky |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Odd Quincy Wiley | |
| 13b. MOTHER'S MAIDEN NAME Amanda Ellen | | 14. NAME OF HUSBAND OR WIFE Dorothy E. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. 573-34-1096 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Wiley | | ADDRESS Rolla, Mo. | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Coronary Occlusion | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease | | INTERVAL BETWEEN ONSET AND DEATH 5 min. | |
| DUE TO (c) Hypertensive Heart Disease | | 10 years | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 10 years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | |
| 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) (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 7 OCT 1954 , to 7 OCT 1954 , that I last saw the deceased alive on 7 OCT 1954 , and that death occurred at 6:20 Am. , from the causes and on the date stated above. | |
| 23a. SIGNATURE R. V. Giam (Degree or title) MD | | 23b. ADDRESS Rolla, Mo. | |
| 23c. DATE SIGNED 8 OCT 54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE Oct. 11, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri. | | 25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null | |
| DATE REC'D BY LOCAL REG. Oct. 8, 1954 | | REGISTRAR'S SIGNATURE Nadine L. Stoele ADDRESS Rolla, Mo. | |

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

Date Filed OCT 11 1954

NOV 16 1954
NOV 19 1954
OCT 21 1954
OCT 22 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..... *Paul E. Null*

Licensed Embalmer No.... *449*

P. O. Address..... *Rolla, 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.