

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34599

State File No.

No. 300
10.48

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredricktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLAT RIVERTON</u>	
c. LENGTH OF STAY (In this case) <u>6 Wks</u>		d. STREET ADDRESS (If rural, give location) <u>0943</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Wiles</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 21, 1871</u>
9. AGE (In years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Robenold</u>	13b. MOTHER'S MAIDEN NAME <u>EMMAINE Hudson</u>	14. NAME OF HUSBAND OR WIFE <u>William Wiles</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Jester Ferguson</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1</u>		
	DUE TO (c) <u>Bronchial asthma</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

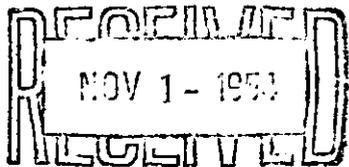
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1954, to Oct 23, 1954, that I last saw the deceased alive on Oct 23, 1954, and that death occurred at 2:12 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. Claughey M.D.</u>	23b. ADDRESS <u>135 W Main</u>	23c. DATE SIGNED <u>Oct 23 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 27, 1954</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>PARKVIEW</u>
24d. LOCATION (City, town, or county) (State) <u>Near FARMINGTON Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Raymond Caldwell Flat River Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-27-1954</u>	REGISTRAR'S SIGNATURE <u>Arrence Hicks</u>	187

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 1124-651

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.