S. No. 300
. 10.48

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

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37810

State File No.

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 155

0490 1

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ROUTE #2 CARTHAGE
c. LENGTH OF STAY (in this place): 12 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RURAL RT#2 CARTHAGE, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Mineral Twp.
d. STREET ADDRESS (If rural, give location): RT#2 CARTHAGE 0490

3. NAME OF DECEASED (Type or Print)
a. (First): EARL
b. (Middle):
c. (Last): WILES

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 8 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 20, 1899
9. AGE (In years last birthday): 55 — If under 1 year: Months 3, Days 19 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): TENNESSEE
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: JOHN FLETCHER WILES
13b. MOTHER'S MAIDEN NAME: SARAH CASE
14. NAME OF HUSBAND OR WIFE: MARTHA LOUISE WILES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: MARTHA LOUISE WILES — **ADDRESS**: RT#2 CARTHAGE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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 ☐ NO ☑

4201

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* 10-22, 1954, *to* 11-8, 1954, *that I last saw the deceased alive on* 11-8, 1954, *and that death occurred at* 8:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] DVM
23b. ADDRESS: West Bryan City Mo
23c. DATE SIGNED: 11-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-11-54
24c. NAME OF CEMETERY OR CREMATORY: WATERS CEMETERY
24d. LOCATION (City, town, or county): BARTON COUNTY — (State): MO

DATE REC'D BY LOCAL REG.: 11-10-54
REGISTRAR'S SIGNATURE: Mrs. Madeline Swinger
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

County File Number 54-11-923
Date Filed NOV 15 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 .....
Student Embalmer

Signed Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Wible Ave., Md.

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.