

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25154

State File No.

BIRTH NO.		REG. DIST. NO. <u>379</u>		PRIMARY REG. DIST. NO. <u>4553</u>		Registrar's No. <u>118</u>			
1. PLACE OF DEATH a. COUNTY <u>WRIGHT CO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANSFIELD</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Seymour</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mansfield Hospital</u>				f. STREET ADDRESS <u>1120</u>		(If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILEY</u>			b. (Middle) <u>MATNEY</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>4-25-1868</u>		9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RET</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>WEBSTER CO MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>TSAC</u>			13b. MOTHER'S MAIDEN NAME <u>Vinie G. Copley</u>			14. NAME OF HUSBAND OR WIFE <u>Lizzie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chesley Matney Seymour</u>			ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vasculature</u> DUE TO (c) <u>a c c i d e n t</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>30 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						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 <u>4-16</u> , 19 <u>53</u> , to <u>8-1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-1</u> , 19 <u>53</u> ; and that death occurred at <u>4:20</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Walter D. Nungesser</u>				23b. ADDRESS <u>Mansfield Mo</u>			23c. DATE SIGNED <u>8-4-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymour Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Webster Co MO</u>			
DATE REC'D BY LOCAL REG. <u>8/5/55</u>		REGISTRAR'S SIGNATURE <u>Leathman</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Rexford Seymour</u>		ADDRESS <u>Seymour Mo</u>			

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

WRIGHT CO. HEALTH DEPT.
County File Number 855-74
AUG 13 1955
Date Filed

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 Max F. Miller

Licensed Embalmer No. 472

P. O. Address Mansfield, I.

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.

[Handwritten scribbles and numbers at the bottom of the page]