

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26827

State File No.

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No.

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Odessa		c. LENGTH OF STAY (in this place) 25 yrs.	c. CITY OR TOWN Odessa
d. FULL NAME OF HOSPITAL OR INSTITUTION MAX		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0540	

3. NAME OF DECEASED (Type or Print)	a. (First) Max	b. (Middle) B.	c. (Last) Wiles	4. DATE OF DEATH (Month) (Day) (Year) August 15, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Yorktown, Iowa	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME David Wiles	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Elizabeth Wiles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Max B. Wiles, Odessa, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 4201 DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia Left.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased **Aug 14**, 1955, to **Aug 15**, 1955, that I last saw the deceased alive on **Aug 14**, 1955, and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Odessa Mo	23c. DATE SIGNED 8-16-55
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Aug. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	24d. LOCATION (City, town, or county) (State) Odessa, Mo.
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DATE REC'D BY LOCAL REG. 8-16-55	REGISTRAR'S SIGNATURE Emma Davidson	453-0	25. FUNERAL DIRECTOR'S SIGNATURE Husman-Sparks	ADDRESS Odessa, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
0. 48
40
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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 *William T. Sparks*.....

Licensed Embalmer No..... 4

P. O. Address... *Odessa*.....

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.