No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2511

FILED JAN 31 1956

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6052 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City
c. LENGTH OF STAY (In this place) 5yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City, Mo.
d. STREET ADDRESS (If rural, give location) 0930

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Owen
c. (Last) Wiley

4. DATE OF DEATH (Month) (Day) (Year) Jan 25-56

5. SEX M.
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 6 1913
9. AGE (In years last birthday) 42 — IF UNDER 1 YEAR: Months 7, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Adm.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Thurman Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Guy Wiley
13b. MOTHER'S MAIDEN NAME Edith Kemp
14. NAME OF HUSBAND OR WIFE Maude Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 483-05-5995
17. INFORMANT'S SIGNATURE OR NAME Maude Wiley
ADDRESS Appleton City 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) Pulmonary Edema.

ANTECEDENT CAUSES

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

DUE TO (b) Etiology not determined.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS.

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5272
20. AUTOPSY? YES ☒ NO ☐

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* D.O.A., *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. A. Glickman (Degree or Title) MD.
23b. ADDRESS Appleton City, Mo.
23c. DATE SIGNED Jan.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
24b. DATE Jan 28-56
24c. NAME OF CEMETERY OR CREMATORY Appleton City
24d. LOCATION (City, town, or county) Appleton City Mo. (State)

DATE REC'D BY LOCAL REG. Jan 27 1956
REGISTRAR'S SIGNATURE Leo Abney
25. FUNERAL DIRECTOR'S SIGNATURE Isaac Eckley
ADDRESS Appleton City Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 1956

FEB 28 1956

FEB 23 1956

MAR 20 1957

JUN 10 1958

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.