

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24046**

FILED AUG 8 - 1956

Registrar's No. **3135**

|   |   |  |  |   |   |   |  |                        |                       |
|---|---|--|--|---|---|---|--|------------------------|-----------------------|
| BIRTH NO. _____   |   | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. <b>3135</b>   |  |                        |                       |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |   |  |                        |                       |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |   | c. LENGTH OF STAY (in this place) <b>45 yrs</b>  |  | c. CITY OR TOWN <b>Kansas City</b>  |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |                        |                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>   |   |  |  | e. STREET ADDRESS (If rural, give location) <b>2315 Charlotte</b>   |   |   |  |                        |                       |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Nell</b>   |   |  | b. (Middle) <b>E.</b>  |   | c. (Last) <b>Wiley</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>7 18 1956</b> |                        |                       |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>                                  | 8. DATE OF BIRTH <b>7-22-1893</b>                              |   | 9. AGE (In years last birthday) <b>62</b>                                 | IF UNDER 1 YEAR Months  | IF UNDER 1 YEAR Days                                   | IF UNDER 24 Hrs. Hours | IF UNDER 24 Hrs. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>General Hospital</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Rogers, Arkansas</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>  |  |                        |                       |
| 13a. FATHER'S NAME <b>Samuel King</b>   |   |  | 13b. MOTHER'S MAIDEN NAME <b>Frannie Potts</b>                 |   | 14. NAME OF HUSBAND OR WIFE <b>Harold W. Wiley</b>                        |   |  |                        |                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |   | 16. SOCIAL SECURITY NO. <b>486-36-8364</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Harold W. Wiley 2315 Charlotte</b>   |   |   |  |                        |                       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>  |  |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH                       |                        |                       |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |   |   |   |  |                        |                       |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |  |   |   |   | <b>4201</b>  |                        |                       |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION   |  |   |   | 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>July 15</u> , 19 <u>56</u> , to <u>July 18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 18</u> , 19 <u>56</u> , and that death occurred at <u>4:23A</u> m., from the causes and on the date stated above. |   |  |  |   |   |   |  |                        |                       |
| 23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) of <b>B.I. Burns, M.D.</b>   |   |  |  | 23b. ADDRESS <b>24th &amp; Cherry</b>   |   | 23c. DATE SIGNED <b>7-18-1956</b>   |  |                        |                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |   | 24b. DATE <b>7-20-1956</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b> |   | 24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b> |   |  |                        |                       |
| DATE REC'D BY LOCAL REG. <b>7-19-56</b>   |   | REGISTRAR'S SIGNATURE <b>Mira Marshall</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mellody-McGilley-Eylar 1800 E. Linwood</b>  |   |   |  |                        |                       |

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

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.....  
*Arthur Eugene Hood*

Licensed Embalmer No. *4912*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.