

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14096

STATE FILE NUMBER

FILED MAY 6 - 1957

23628-57 Registration District No. *267*

Primary Registration District No. *3048*

Registrar's No. *126*

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Stanberry <i>0380</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp. | | Length of stay in 1b 3 hours | |
| d. STREET ADDRESS N. Willow | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle LEE Last WILEY | | | 4. DATE OF DEATH Month April Day 19 Year 1957 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 19, 1957 |
| 9. AGE (In years last birthday) | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | |
| 11. BIRTHPLACE (City and state or country) St. Francis Hospital Maryville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Lewis Howard Wiley | | 14. MOTHER'S MAIDEN NAME Carolyn Lee Beckham | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Mr. Lewis H. Wiley, Stanberry, Missouri | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Premature labor DUE TO (c) unknown | | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. 12 hrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) probable septicemia from infected amniotic fluid. | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Birth 4-19-57 to 4-19-57 and last saw her/him alive on 4-19-57 Death occurred at 10:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Clarence L. Carlin M.D. | | 22b. ADDRESS Stanberry, Mo. | |
| 22c. DATE SIGNED 4-22-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE April 19, 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery | | 23d. LOCATION (City, town, or county) (State) Stanberry, Gentry Co., Mo. | |
| 24. FUNERAL DIRECTOR Johnson Funeral Home, Stanberry, Mo. | | 25. DATE RECD. BY LOCAL REG. 5-4-57 | |
| 26. REGISTRAR'S SIGNATURE Bess Ibold | | | |

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 

Licensed Embalmer No. 4948

P. O. Address Stanberry, 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.