

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25663**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>Rolla</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>McFarland Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>4237 Botanical Avenue</b> <b>2170</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) c. (Last) <b>WILEY</b>			4. DATE OF DEATH Month <b>June</b> Day <b>27</b> Year <b>1957</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Jan 21, 1876</b>		9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>6</b>		IF UNDER 4 HRS. Hours <b></b> Min. <b></b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>various</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Fredonia, Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
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13a. FATHER'S NAME <b>James Wiley</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Brinkley</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>		
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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>XX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nursing Home Records, Rolla Mo.</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>1 year.</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis far advanced</b>							
		ANTECEDENT CAUSES							
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4500</b>						20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?		
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22. I hereby certify that I attended the deceased from **9-3**, 19**55**, to **6-27**, 19**57**, that I last saw the deceased alive on **6-14**, 19**57**, and that death occurred at **3:20P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>James M. Myers M.D.</b>		23b. ADDRESS <b>Rolla, Mo.</b>		23c. DATE SIGNED <b>6/29/57</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>June 29, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fredonia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fredonia, Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>July 8, 1957</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill S. ...</b>		ADDRESS <b>Rolla Mo.,</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

380

RECEIVED

Phelps County Health Officer,

County File Number 756

Date Filed JUL 1 6 1957

JUL 9 1957

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 *[Signature]* ..... Licensed Embalmer No. 3397

P. O. Address *[Address]*

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.