

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28395**
3655

FILED AUG. 23 1957

BIRTH NO. 4		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3655
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 25 yrs	c. CITY (OR TOWN) Kansas City	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 Forest Ave. Nursing Home		STREET ADDRESS (If rural, give location) 2905 Forest Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Mattie		b. (Middle) Wiley	c. (Last) Wiley	4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1957
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-3-1883	9. AGE (In years - last birthday) (Months) (Days) (Hours) (Min.) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Overton, Texas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ben Roberson		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William Wiley	
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'S SIGNATURE OR NAME ADDRESS Kermit Wiley 3227 Norton	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Heart Disease 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. Senility		INTERVAL BETWEEN ONSET AND DEATH 4600
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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) (Min.)	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 June 1, 1957 , to 8/20, 1957 , that I last saw the deceased alive on 8/11, 1957 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) L. S. Dalgie, M.D.		23b. ADDRESS 2122 Truman Rd		23c. DATES SIGNED 8/2/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-3-57	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Guthrie, Oklahoma
DATE REC'D BY LOCAL REG. 8-3-57	REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Meek's Mortuary, K.C.MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. S. Dalgie

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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 *Millard B. Pasker*.....

Licensed Embalmer No. *501*.....

P. O. Address *N.C.*.....

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.