

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32638

BIRTH NO. 134 REG. DIST. NO. Mo PRIMARY REG. DIST. NO. 5757 Registrar's No. 5th

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fredricktown mo</u>	c. LENGTH OF STAY (in this place) <u>12 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>(Rural) Saco, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0620</u>	

3. NAME OF DECEASED (Type or Print) <u>Viola C Wayne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 12 57</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 4 1881</u>		9. AGE (in years last birthday) <u>76 7 8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Wolf Creek, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Richard Bayless</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Thogmair</u>		14. NAME OF HUSBAND OR WIFE <u>George W Wayne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE W WAYNE</u>	
				ADDRESS <u>SACO, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <u>Carcinoma Rt. Face with metastases.</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>None</u>		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 <u>191X</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

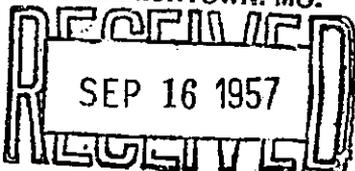
22. I hereby certify that I attended the deceased from Feb 7, 1955 to Sept 12, 1957, that I last saw the deceased alive on Sept 11, 1957, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Metochis MD</u>		23b. ADDRESS <u>1355 mine La Motte Fredricktown Mo</u>		23c. DATE SIGNED <u>Sept. 12 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-15-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>S. CLAIR, Co. ILL</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Florence Ficker ADAMSON WEBB. FREDERICKTOWN MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

WADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 957-56

SEP 20 1957

OCT 16 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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown, 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.