Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36725
STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Montgomery Missouri
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Montgomery City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
STATE Missouri COUNTY Montgomery
c. CITY OR TOWN Montgomery City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: Thomas Middle: Last: Viley
4. DATE OF DEATH Month Day Year: October 18, 1957
5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 6, 1902
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (Extra Gang)
10b. KIND OF BUSINESS OR INDUSTRY: Wabash Railroad
11. BIRTHPLACE (City and state or country): Sturgeon, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Thomas Viley
13b. MOTHER'S MAIDEN NAME: Aggie Ritchie
14. NAME OF HUSBAND OR WIFE: Lillian Viley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-12-7883
17. INFORMANT: Lilliam Viley, Address: Montgomery City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, bronchial, left upper and lower lobes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 491X
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arhtritis, lumbar and dersal region
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 October 6, 57, to October 18, 57 and last saw him alive on Oct. 16, 57
Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Buell Menefee M.D.
22b. ADDRESS: 506 Harper St. Montgomery City, Mo.
22c. DATE SIGNED: Oct. 19, 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: October 20, 1957
23c. NAME OF CEMETERY OR CREMATORY: Montgomery Cemetery
23d. LOCATION (City, town, or county) (State): Montgomery City, Missouri
24. FUNERAL DIRECTOR: Schlueter Funeral Home ADDRESS: Montgomery City, Mo.
25. DATE RECD. BY LOCAL REG.: 10-24-1957
26. REGISTRAR'S SIGNATURE: Laura B. Calloway
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 E. Boone Schlenker

Licensed Embalmer No. 4136

P. O. Address Montgomery City

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.