

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017208
STATE FILE NUMBER

FILED JUN 2 1958

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 164

B. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural Elm Imp. Green Castle</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim-Smith Hosp.</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>Green Castle</u>
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Ely</u> Last <u>Wiles</u>			4. DATE OF DEATH Month <u>May</u> Day <u>12</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-16-76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>26</u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Putnam Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wesley Wiles</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Lewis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE <u>Nellie Wiles</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Nellie Wiles</u> Address <u>Novenger Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>GENERAL ARTERIOSCLEROSIS</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>48 HRS</u> <u>10 YRS?</u>
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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>			
20d. INJURY OCCURRED WHILE AT <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 <u>4-18-58</u> to <u>5-12-58</u> and last saw her alive on <u>5-12-58</u> Death occurred at <u>6:50 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Kirkville, Mo.</u>	22c. DATE SIGNED <u>5-13-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 16, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cox. Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Putnam Mo.</u>
24. FUNERAL DIRECTOR <u>Husted & Son</u> ADDRESS <u>Unionville</u>		25. DATE RECD. BY LOCAL REG. <u>5-19-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

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 *F O Husted*

Licensed Embalmer No. *2975*
P. O. Address *Lawsonville*

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.