

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029315

STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3781

|  |                           |  |   |
|--|---------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE KANSAS b. COUNTY <i>Missouri</i>               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN OSAWATOMIE 8150 8   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 2434 Myrtle   |                           | Length of stay in lb<br>2 months   | d. STREET ADDRESS (If outside, give location)<br>1013 Chestnut                                      |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>ETHLYN WILEY   |                           |  | 4. DATE OF DEATH<br>Month Day Year<br>August 5, 1958  |
| 5. SEX 3<br>Female   | 6. COLOR OR RACE<br>N gro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>June 8, 1891  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife  |                           | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday) 67 yrs.<br>IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.  |
| 11a. FATHER'S NAME<br>Richard Johnson  |                           | 13b. MOTHER'S MAIDEN NAME<br>Hanna Lewis   | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No                                 |                           | 16. SOCIAL SECURITY NO.<br>-   | 14. NAME OF HUSBAND OR WIFE<br>Harold Wiley   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Cerebral Embolism |                           |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) Cerebral Arterio Sclerosis                |                           |  | 2 months  |
| DUE TO (c) Diabetes Melitis  |                           |  | 260X  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                  |                           |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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<br>Hour .Month, Day, Year<br>a.m.<br>p.m.  |                           |  |   |
| 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 6-4-58 to 8-5-58 and last saw her alive on 8-5-58   |                           | Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.                                   |   |
| 22a. SIGNATURE (Degree or title)<br><i>P. C. Turner M.D.</i>   |                           | 22b. ADDRESS<br>1433 E. 19th St.   | 22c. DATE SIGNED<br>8-5-58  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   | 23b. DATE<br>8-6-58       | 23c. NAME OF CEMETERY OR CREMATORY<br>-  | 23d. LOCATION (City, town, or county) (State)<br>Osawatomie, Kansas                                 |
| 24. FUNERAL DIRECTOR<br>Watkins Bros. Funeral Home 18th & Benton   |                           | 25. DATE RECD. BY LOCAL REG.<br>8-6-58   | 26. REGISTRAR'S SIGNATURE<br><i>Reva Minshall</i>   |

MEDICAL CERTIFICATION

P. C. Turner

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 20 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 .....  
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Brent

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.