Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036823
STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 520

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JOPLIN — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): FREEMAN HOSPITAL — Length of stay in 1b: 5 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY 0492 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 604 WEST 7TH. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ELMER — Middle: NEWTON — Last: WILES

4. DATE OF DEATH: Month: OCTOBER — Day: 31 — Year: 1958

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: AUGUST 30, 1887

9. AGE (In years last birthday): 71 — 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): RETIRED PAINTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): OSWEGO, KANSAS 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE WILES

13b. MOTHER'S MAIDEN NAME: REBECCA HUNT

14. NAME OF HUSBAND OR WIFE: ELVESSIE WILES

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.: 486-24-5066

17. INFORMANT — Address: MRS ELVESSIE WILES WEBB CITY MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Lung abcess and pneumonia	3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Perforation of esophagus	4 days.
DUE TO (c)	Cancer of esophagus	2 months.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 150X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 10-17-58, to 10-31-58 and last saw her/him alive on 10-30-58
Death occurred at 7:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Ferguson MD

22b. ADDRESS: Webb City Mo.

22c. DATE SIGNED: 11/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 11-3-1958

23c. NAME OF CEMETERY OR CREMATORY: OSWEGO CEMETERY

23d. LOCATION (City, town, or county): OSWEGO — (State): KANSAS

24. FUNERAL DIRECTOR: HEDGE-LEWIS — ADDRESS: WEBB CITY MISSOURI

25. DATE RECD. BY LOCAL REG.: 11-3-1958

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Wolf 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.