

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041059
STATE FILE NUMBER

NOV 19 1958

Registration District No. 282

Primary Registration District No. 4424

Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <i>Polk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Humanville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Rural-Wishart</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Humanville Hosp</i>		Length of stay in, 1b <i>1-da</i>	084 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Pannie Elizabeth Wiley</i>			4. DATE OF DEATH Month Day Year <i>Nov. 6 - 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 10 - 1890</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Homemaking</i>	9. AGE (In years last birthday) <i>78</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. NAME OF HUSBAND NAME <i>George</i>	
13a. FATHER'S NAME <i>Silbert Coffe</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Sumner</i>	
14. NAME OF HUSBAND NAME <i>George</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year, dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>725</i>		17. INFORMANT Address <i>George Wiley, Wishart, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myocarditis</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4222</i>			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 certified the deceased from <i>11/6/58</i> to <i>11/6/58</i> and last saw her ^{him} alive on <i>11/6/58</i> Death occurred at <i>5:50 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M J Roberson M.D.</i>		22b. ADDRESS <i>Humanville Mo.</i>	
22c. DATE SIGNED <i>11/7/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov. 9 - 58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Enor Cemetery</i>
23d. LOCATION (City, town, or county) <i>Polk Co. Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Pitts funeral Home - Bol. Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Nov. 10, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Ralph Jordan per Jewell Jordan</i>

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wilney J. Pitts*

Licensed Embalmer No. *4939*

P. O. Address *Bolivar, Pa.*

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.