

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014591

STATE FILE NUMBER

FILED VS MAY 12 1960 72

Registration District No. Primary Registration District No. 5289 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gladstone, Mo.		Length of stay in 1b 3 Years	c. CITY OR TOWN Gladstone		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 102 E. 64th Terr. North		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 102 E. 64th Terr. North		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mr. Harold John Wiley			4. DATE OF DEATH April 30, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-17-1911	9. AGE (last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Gov. Assoc./Rep. of Fed. Credit Bureau		10b. KIND OF BUSINESS OR INDUSTRY Union	11. BIRTHPLACE (City and state or country) Sharon, Ohio		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Wiley		13b. MOTHER'S MAIDEN NAME Rose Robbins		14. NAME OF HUSBAND OR WIFE Oliva Wiley		
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. No	17. INFORMANT Mrs. Oliva W. Wiley (Wife) <i>102 E. 64th Terr. No.</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) Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 4:30 a.m. p.m. Month, Day, Year 60						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 4-30-60 to 4-30-60 and last saw him alive on 4-30-60 Death occurred at 9:30 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE William L. Sperteman MD (Degree or title)			22b. ADDRESS 8400 No Oak KC 51, Mo		22c. DATE SIGNED 4-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-4-1960	23c. NAME OF CEMETERY OR CREMATORY Abingdon Cemetery		23d. LOCATION (City, town, or county) (State) Abingdon, Ill.		
24. FUNERAL DIRECTOR D. W. Newcomer's Sons N. K. C., Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 5-2-60	26. REGISTRAR'S SIGNATURE Oliver Humphries, Dep.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John V. Ferris, Jr.

Licensed Embalmer No. 4848

P. O. Address Keokuk, Ia.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.