

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015711

FILED VS. APR 25 1960 / 49

1949

STATE FILE NUMBER

NDED

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

2/18/61
 2/18/61
 April 28, 1895
 DOCUMENT Bible Record
 April 28, 1893
 BY AFFIDAVIT OF Informant
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1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>3 DAYS</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Overland Park</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>8545 METCALF</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Wasper</u> Middle <u>Thorn</u> Last <u>Wiles</u>			4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1960</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>April 25 1893</u>	9. AGE (last birthday) <u>64</u> 66	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, or even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Supply Co</u>		11. BIRTHPLACE (City and state or country) <u>Milledgeville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Daniel S. Wiles</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Angeline Fleming</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Wiles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>497-14-3096</u>	17. INFORMANT <u>Mrs Opal Wiles, Overland Park Kansas</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>Septostatic Pneumonia</u> DUE TO (b) <u>Myocarditis (Acute)</u> DUE TO (c) <u>1 Week</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>1 Week</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)				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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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>1943</u> to <u>4-3-60</u> and last saw her <u>4-2-60</u> alive on _____ Death occurred at <u>1:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Print or type) <u>George F. Clark D.O.</u>			22b. ADDRESS <u>7329 Broadway</u>		22c. DATE SIGNED <u>4-4-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-4-60</u>	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) <u>Overland Park, Kansas</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Sidman Mortuary, Kansas City Mo</u>			25. DATE RECD. BY LOCAL REG. <u>4-5-60</u>	26. REGISTRAR'S SIGNATURE <u>neva Marshall</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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Sidman
Licensed Embalmer No. 453
P. O. Address Kansas 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.