

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006152

STATE FILE NUMBER

AMENDED FILED VS MAR 6 1961 Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 16

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>PULASKI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WAYNESVILLE</b>		Length of stay in 1b <b>3 WKS</b>	c. CITY OR TOWN <b>SULLIVAN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PULASKI Co. Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>131 MEREDITH LANE</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>CORNELIA MOFFETT WILER</b>			4. DATE OF DEATH Month Day Year <b>FEB 14 1961</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 30 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) <b>75</b>
11. BIRTHPLACE (City and state or country) <b>ORRICK, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HENRY C. MOFFETT</b>		13b. MOTHER'S MAIDEN NAME <b>SUZANNA STOKES</b>	14. NAME OF HUSBAND OR WIFE <b>REUBEN M. WILER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>523-34-5100A</b>	17. INFORMANT Address <b>LOUISE SCOTT SULLIVAN, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Progressive Cerebral Sclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) —			INTERVAL BETWEEN ONSET AND DEATH <b>10 YRS</b>
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 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 <b>Jan 4 1961</b> to <b>Feb 4 1961</b> and last saw her alive on <b>Feb 14 1961</b> Death occurred at <b>Waynesville Mo 4 1/2 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R.D. De Witt D.D.</b>		22b. ADDRESS <b>Waynesville Mo</b>	22c. DATE SIGNED <b>2 Feb 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>2/16/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ORCHARD MESA</b>	23d. LOCATION (City, town, or county) (State) <b>GRAND JUNCTION, COLO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>H.M. EATON, SULLIVAN, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-16-61</b>	26. REGISTRAR'S SIGNATURE <b>Eula Mae Anderson</b>

MAR 14 1961

**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 Harrison W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, W

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.