

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014067

1694 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED APR 26 1961

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 55 years
 c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 6401 Brookside Road Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
 LEROY E. Wiles 4-3-61

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Divorced 8. DATE OF BIRTH 6-23-1883 9. AGE (last birthday) 77yr. IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator 10b. KIND OF BUSINESS OR INDUSTRY Drug Store 11. BIRTHPLACE (City and state or country) Alliance, Ohio 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William Wiles 13b. MOTHER'S MAIDEN NAME Emily J. Roach 14. NAME OF HUSBAND OR WIFE Ruth 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. 17. INFORMANT Mrs. Ruth Wiles Address 6401 BROOKSIDE KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 minutes
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Month, Day, Year a.m. p.m.

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 1958 to 4-3-1961 and last saw him alive on 3-27-61
 Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
 Edgar W. Johnson, J. M.D. 104 P.V. Med. Bldg. Prairie Village, Kansas 4-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 5, 1961 23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery Kansas City Missouri 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
 D. W. NEWCOMER'S SONS KANSAS CITY 1331 BRUSH CR. 4-5-61 Ruth Long MO.

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

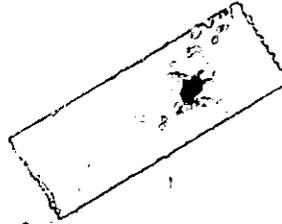
BY AFFIDAVIT OF

Edgar W. Johnson

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS



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 Harold P. Reich

Licensed Embalmer No. 4998

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.