

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014747

STATE FILE NUMBER

AMENDED

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 48

FILED MAY 3 1961

## 1. PLACE OF DEATH

a. COUNTY

Polk

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Bolivar

Length of stay in 1b

2 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Bolivar

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Polk

c. CITY  
OR TOWN

Goodson

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Baene Township

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Therman

B.

Viles

4. DATE  
OF DEATH

Month

Day

Year

April 16, 1961

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-30-1879

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Benjamin Viles

## 13b. MOTHER'S MAIDEN NAME

Amanda Wright

## 14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Helen Medlock

## Address

Grandview 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)

Cerebral thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

2 wks

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying 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.☐ Yes ☐ No ☐ Unknown19. 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

s.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

4-2-61

to 4-16-61 and last saw her alive on 4-2-61

Death occurred at

5:40 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

D E Mc Craw MD

## 22b. ADDRESS

Bolivar Mo

## 22c. DATE SIGNED

4-17-61

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

4-18-61

23c. NAME OF CEMETERY OR CREMATORY

Mt. View Cemetery

23d. LOCATION (City, town, or county)

Polk County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Sidney J. Pitts - Bol. Mo.

25. DATE RECD. BY LOCAL REG.

4-21, 1961

26. REGISTRAR'S SIGNATURE

Ralph E. Gorden per Jewell G. Gorden

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 Larry R. Dillery, Student Embalmer No. 628  
working under my personal supervision.

Student Larry R. Dillery  
Signature of Student Embalmer

Signed Richard J. Pitts

Licensed Embalmer No. 4939

P. O. Address Bol. Mo.

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.