

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024004
STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. 4642 Registrar's No. 30

AMENDED

FILED AUG 15 1961

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lutesville</u>	Length of stay in 1b <u>13 years</u>	c. CITY OR TOWN <u>Lutesville</u>	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home.</u>	Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>B.</u> Last <u>Wiley</u>			4. DATE OF DEATH Month <u>August</u> Day <u>4</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>4-28-1894</u>	9. AGE (last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Press Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (City and state or country) <u>Florence, Ind.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John A. Wiley</u>		13b. MOTHER'S MAIDEN NAME <u>Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Henrietta Wiley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I. 1918-1919</u>		16. SOCIAL SECURITY NO. <u>489-07-7026</u>	17. INFORMANT Address <u>Mrs. Henrietta Wiley, Lutesville, Mo.</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>Coronary Occlusion</u> DUE TO (b) <u>Cardiovascular vascular disease</u> DUE TO (c) <u>Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 ☐ N- ☐ 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 <u>1:30</u> a.m. <u>PM</u> Month, Day, Year <u>3/6/60</u>			

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 <u>Lutesville Mo.</u>	COUNTY <u>Bollinger Co.</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>3/6/60</u> to <u>7/4/61</u> and last saw him alive on <u>7/4/61</u> Death occurred at <u>1:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>John J. Myers MD</u>		22b. ADDRESS <u>Lutesville Mo.</u>	
22c. DATE SIGNED <u>8/7/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-6-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hurricane Fork Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Baker Funeral Home, Lutesville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-8-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader.</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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutisville

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.