

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037893

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. _____ Registrar's No. 193

AMENDED

FILED OCT 18 1961

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Graham</u>		Length of stay in lb <u>56 yrs</u>	c. CITY OR TOWN <u>Graham</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In field</u>		Inside limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>William Olin Wakely</u>			4. DATE OF DEATH Month Day Year <u>10-7-1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cau</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>3-21-1905</u>	9. AGE (last birthday) <u>56</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Graham, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13. FATHER'S NAME <u>Charles E Wakely</u>	14. MOTHER'S MAIDEN NAME <u>Inez Ethel</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Naomi Wakely</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs Naomi Wakely, Graham 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>Internal Injury of Chest.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Skull fracture</u>	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Turned tractor over and pinned him under it,</u>
20c. TIME OF INJURY Hour <u>12:10</u> Month, Day, Year <u>10-7-61</u>	Then caught on fire.	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>On farm 1/2 mile North Graham, Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Graham, Nodaway Mo.</u>	COUNTY <u>Nodaway</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 12:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. B. Byland M.D.</u> (Degree or title)	22b. ADDRESS <u>Maryville mo</u>	22c. DATE SIGNED <u>10/10/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-9-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maitland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Maitland Mo.</u>

24. FUNERAL DIRECTOR <u>Atchison-Maryville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-10-61</u>	26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 24 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 _____

George M. Atkinson

5114

Licensed Embalmer No. *Mary*

P. O. Address _____

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.