

# Ann Hutson Noakes Wiley

Memorial

Photos

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Birth: Nov. 4, 1875  
Dent County  
Missouri, USA

Death: Jul. 19, 1953  
Short Bend  
Dent County  
Missouri, USA

Parents were Eli Hutson and Elsie Cooksey.  
Husband was G. Wiley

Burial:  
[Cooksey Cemetery](#)  
Short Bend  
Dent County  
Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Jim and Mindy Gibbs](#)  
Record added: Jul 28, 2012  
Find A Grave Memorial# 94356394



Added by: [Jim and Mindy Gibbs](#)

# Ann L. *Hutson* Wiley

Memorial

Photos

Flowers

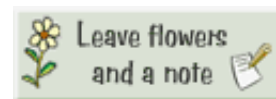
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Birth: Nov. 14, 1875  
Dent County  
Missouri, USA

Death: Jul. 19, 1953  
Short Bend  
Dent County  
Missouri, USA



Married Ed Noakes, Frank Wiley.

## Family links:

### Parents:

Eli Newton Hutson (1848 - 1880)  
Aley Thaxton *Cooksey* Bryant (1857 - 1943)

### Siblings:

Ann L. *Hutson* Wiley (1875 - 1953)  
James Sherman Hutson (1877 - 1975)\*  
Daniel Eli Hutson (1879 - 1967)\*  
Otis Lincoln Bryant (1893 - 1969)\*\*

\*[Calculated relationship](#)

\*\*Half-sibling

## Burial:

[Cooksey Cemetery](#)

Short Bend  
Dent County  
Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Paul W. Sprous](#)  
Record added: Feb 03, 2014  
Find A Grave Memorial# 124574997

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **24321**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5388 Registrar's No. 63

0330  
 1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Oregon</b> b. COUNTY <b>XX</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural Short Bend</b>		c. CITY OR TOWN <b>Portland</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5Wk's</b>		e. STREET ADDRESS (If rural, give location) <b>XX 8360</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ann X</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ann</b> b. (Middle) <b>L.</b> c. (Last) <b>Wiley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7/19/53</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov 14/75</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</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 <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dent Co Mo 0</b>
12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <b>Eli Hutson</b>		13b. MOTHER'S MAIDEN NAME <b>Elsie Cooksey</b>	14. NAME OF HUSBAND OR WIFE <b>G W. Wiley</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dan Hutson Salem rt 4 Mo</b>
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MEDICAL CERTIFICATION cerebral hemorrhage</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-14</u> , 19 <u>53</u> , to <u>7-19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-14</u> , 19 <u>53</u> , and that death occurred at <u>8:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>Salem, Mo.</b>	
23c. DATE SIGNED <b>7-20-53</b>			
24a. BURIAL CREMATION REFURVED (Specify) <b>burial</b>		24b. DATE <b>7/21/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Cooksey Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Short Bend Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-20-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature]</b>			