

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30952

56
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5659 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canton</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canton</u>					
c. LENGTH OF STAY (In this place) <u>Life</u>			d. STREET ADDRESS (If rural, give location)					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>P.</u>		c. (Last) <u>WHEELER</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1949</u>								
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 1, 1858</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days			
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	11. BIRTHPLACE (State or foreign country) <u>Clark County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Patrick Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kane</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Logsdon</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Wheeler, Canton, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m.		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>MARCH, 1949</u> , to <u>OCT. 6, 1949</u> , that I last saw the deceased alive on <u>SEP. 2, 1949</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>P. St. Jennings M.D.</u> (Degree or title)			23b. ADDRESS <u>CANTON, Mo.</u>		23c. DATE SIGNED <u>10-7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick</u>		24d. LOCATION (City, town, or county) (State) <u>St. Patrick, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-7-49</u>		REGISTRAR'S SIGNATURE <u>P. St. Jennings</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. ... Canton, Mo.</u>				

RECEIVED OCT 12 1949
District Health Officer No. 10
District File Number 10-49-172
Date Filed OCT 12 1949

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.

Signed Earl H. Buckley.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2615.....

P. O. Address Canton, 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 this body is not embalmed, fact should be so stated above.