

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37674

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Carthage</b> / township) c. LENGTH OF STAY (in this place) <b>2 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>316 S. Fulton St.</b>		d. STREET ADDRESS (If rural, give location) <b>unknown 131 N. Schiffendecker</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>LAWRENCE</b> c. (Last) <b>WHEATLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 19, 1949</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>Aug 24, 1869</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Millwood, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Cleo O'Conner, Bethany, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Sept. 1, 1949, to Nov. 18, 1949, that I last saw the deceased alive on Nov. 18, 1949, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles E. Coates M.D.</b> (Degree or title)	23b. ADDRESS <b>Joplin Mo</b>	23c. DATE SIGNED <b>11-20-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Nov 23, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Nov 23 1949</b>	REGISTRAR'S SIGNATURE <b>L.B. Coates M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary</b>	ADDRESS <b>Carthage, Mo.</b>
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Reg. H. Ferguson (Licensed Embalmer's Statement on Reverse Side)

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

49  
3

11-29-49  
County No. 49-11-912  
Date Filed 12-5-49

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

Gene H. Parent

Student Embalmer No. 349

working under my personal supervision.

Student

Gene Parent

Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.