

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43478

State File No. 60

105  
10

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

BIRTH NO.		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4515		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)			
a. COUNTY Sullivan		b. CITY (If outside corporate limits, write RURAL and give township) Milan		a. STATE Mo		b. COUNTY Sullivan	
c. LENGTH OF STAY (in this place) 30 41 5		c. CITY (If outside corporate limits, write RURAL and give township) Milan		d. STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED				4. DATE OF DEATH		5. SEX	
a. (First) William		b. (Middle) Roy		c. (Last) Wheeler		Date: 12-7-49	
(Type or Print)							
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 12-24-1898	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Laborer		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 11 Days 13	
11. BIRTHPLACE (State or foreign country) Sullivan Co Mo		12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Owen Wheeler		13b. MOTHER'S MAIDEN NAME Bertha Creason	
14. NAME OF HUSBAND OR WIFE Iva Sinn (divorced)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Raymond Wheeler	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				12-7-49	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				9-27-49	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Cerebral hemorrhage					
		DUE TO (c) Arteriosclerosis - Angina Pectoris					
		II. OTHER SIGNIFICANT CONDITIONS				11-20-49	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9-27, 1949, to 12-7, 1949, that I last saw the deceased alive on 12-7, 1949, and that death occurred at 8:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. L. Simpson				23b. ADDRESS Milan		23c. DATE SIGNED 12-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-10-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) (State) Barton Mo	
DATE REC'D BY LOCAL REG. Dec. 20 - 1949		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		320		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schoenes Schoenes Milan Mo	

RECEIVED DEC 28 1970  
District Health Officer No. 10  
District File Number 12-49-216  
Date Filed DEC 28

**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 .....  
Student Embalmer .....

Signed Dwight Schoen

Licensed Embalmer No. 2667

P. O. Address Milan - 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.