

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9846

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Pettis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Pettis</u>	
c. LENGTH OF STAY (in this place) <u>69 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Beaman</u>		0804			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital # 2</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED				4. DATE OF DEATH			
(Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Wesley</u>		c. (Last) <u>Wheeler</u>	
(Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Wesley</u>		c. (Last) <u>Wheeler</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>N</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-1-1881</u>	
9. AGE (In years last birthday) <u>69</u>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Turner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Turner</u>		11. BIRTHPLACE (State or foreign country) <u>Beaman Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Elias Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Lou Wheeler</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Wheeler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Kelley</u> ADDRESS <u>2117 E. 10th St</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>Macrocytic Anemia</u>			
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Interstitial Nephritis</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) (Min)		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>11-22-</u> , <u>1949</u> , to <u>3-12-</u> , <u>1950</u> that I last saw the deceased alive on <u>3-12-</u> , <u>1950</u> , and that death occurred at <u>6:57</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. R. Maddox M.D.</u>				23b. ADDRESS <u>116 1/2 West Main</u>		23c. DATE SIGNED <u>3-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beaman Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Beaman Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-21-50</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. Ferguson</u> ADDRESS <u>Sedalia</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0804

RECEIVED MAR 27
District Health Officer No. 8,

District File Number _____

Date Filed 4-14-50

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

F. S. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.