

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19162**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Vermon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Benton	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Verona Wash Tap		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN Cole Camp 1080	
c. LENGTH OF STAY (in this place) 2-10-16		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3			

3. NAME OF DECEASED (Type or Print) S. P. WHEELER			4. DATE OF DEATH 5-10-50		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) 94	If under 1 year: Months 7 Days 7	If under 2 hrs: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) lumber worker	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Wid
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 1	17. INFORMANT'S SIGNATURE OR NAME Hospital Record Nevada	ADDRESS Nevada
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Traumatic Shock		
	DUE TO (c) ✓		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			9080 30

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION crania	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, blade, etc.) State Hospital #3	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vermon Mo
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21d. TIME OF INJURY 5-4-50 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell on way to stool room
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22. I hereby certify that I attended the deceased from **5-24-**, 19**49**, to **5-10-**, 19**50**, that I last saw the deceased alive on **5-10-**, 19**50**, and that death occurred at **1-20** p.m., from the causes and on the date stated above.

23a. SIGNATURE R. G. Vol... Nevada Mo	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 5-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-11-50	24c. NAME OF CEMETERY OR CREMATORY Hospital Cemetery	24d. LOCATION (City, town, or county) (State) Nevada Mo
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DATE REC'D BY LOCAL REG. May 20, 50	REGISTRAR'S SIGNATURE Kathryn H. Vance	25. FUNERAL DIRECTOR'S SIGNATURE Leibinger Funeral Home Nevada Mo	ADDRESS Nevada Mo
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(Licensed Embalmer) Statement on Reverse Side

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

RECEIVED 5-29-50
District Health Officer No. 7
District File Number 4-50-561
Date Filed 5-29-50

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 [✓] *not.*

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Mark Eichinger*

Licensed Embalmer No. *2656*

P. O. Address *Yevada 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.