

## STANDARD CERTIFICATE OF DEATH

State File No. **34354**

**FILED OCT 24 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **3225**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pettis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Peters</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b> <b>0824</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital #2</b>		d. STREET ADDRESS (If rural, give location) <b>212 E. Cooper</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Annie</b> b. (Middle) <b>Mae</b> c. (Last) <b>Wheeler</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct 13 1950</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>March 2, 1884</b>
<b>9. AGE</b> (In years last birthday) <b>66</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired.) <b>Housewife</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Couper County, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Mark Cannon</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Ann Piggis</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Bud Wheeler - Deceased</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Maxine Smalley</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>19. MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> (b) <b>Acute myocarditis</b> (c) <b>Chronic Parenchymatous Nephritis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <del>Sept 29, 1950</del> to <del>Oct 13, 1950</del>, that I last saw the deceased alive on <del>10-13, 1950</del>, and that death occurred at <del>2:48 p.m.</del> from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>C.R. Maddox M.D.</b>		<b>23b. ADDRESS</b> <b>1164 W. Main</b>	
<b>23c. DATE SIGNED</b> <b>10-16-50</b>		<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	
<b>24a. DATE</b> <b>10-17-1950</b>		<b>24b. NAME OF CEMETERY OR CREMATORY</b> <b>Crown Hill Annex Cemetery</b>	
<b>24c. LOCATION</b> (City, town, or county) <b>Sedalia</b>		<b>24d. (State)</b> <b>Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>10-17-1950</b>		<b>REGISTERAR'S SIGNATURE</b> <b>H. Campbell</b>	
<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <b>J. Alexander</b>		<b>ADDRESS</b> <b>400 W. Cooper, Sedalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

10.23.50.

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10.23.50

NOV 9 1954

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 \_\_\_\_\_

*J. L. Alexander*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.