

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1951

39715

State File No.

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>359</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>cook</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemont</u>		<u>8/26</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stickler Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>90 New Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>			b. (Middle) <u>Opal</u>		c. (Last) <u>Wheeler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1950</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 4, 1895</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 1 HR. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Macon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles L. Gilbert</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth St. Clair</u>		14. NAME OF HUSBAND OR WIFE <u>Joe A. Wheeler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles J. Wheeler, Kirksville, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Hypertension</u> ANTECEDENT CAUSES DUE TO (b) <u>Nephritis</u> DUE TO (c) <u>arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia - secondary</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>Unknown</u> <u>Unknown</u> <u>4 1/2 x</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 <u>Dec. 23, 1950</u> , to <u>Dec. 26, 1950</u> that I last saw the deceased alive on <u>Dec 26, 1950</u> , and that death occurred at <u>9:00 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. O. Stibler M.D.</u>				23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>Dec 27 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/28/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Chariton</u>		24d. LOCATION (City, town, or county) (State) <u>Macon County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-30-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riley</u>		ADDRESS <u>Kirksville, Mo.</u>	

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

Date Received: JAN 9 1951
DISTRICT HEALTH OFFICE #2
District File Number /-5/-3
Date Filed: JAN 10 1951

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

Glen A. Gibbons

working under my personal supervision.

Student Embalmer No.

Signed

Glen A. Gibbons

Signed.....

Student Embalmer

Licensed Embalmer No. 4624

P. O. Address Kirksville, 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.