

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41388**

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amy</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Wheat</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30 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>October 6, 1881</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>McDowell Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert M. Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah T. Lock.</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Wheat</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George W. Wheat</u> ADDRESS <u>Lewistown 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart</u> - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes, High Blood Pressure</u> DUE TO (c) <u>Heart failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart failure</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE 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) (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>April 10, 1950</u> , to <u>Nov 30, 1950</u> , that I last saw the deceased alive on <u>Nov 29, 1950</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. J. Cochran</u> (Degree or title)		23b. ADDRESS <u>La Belle, Mo.</u>	23c. DATE SIGNED <u>12-5-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lewistown</u>	24d. LOCATION (City, town, or county) (State) <u>Lewistown Missouri</u>
DATE REC'D BY LOCAL REG. <u>Dec 6, 1950</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James A. Cloder</u>	ADDRESS <u>Lewistown, Mo.</u>

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

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Date Received: DEC 18 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-86-2133
Date Filed:

DEC 19 1950

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

Charles L. Arnold, Sr.

Licensed Embalmer No. 4667

P. O. Address *HEWISTOWN, 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.