

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44005**

BIRTH NO. 711-96-50 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville	c. LENGTH OF STAY (In this place) 15 minutes	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.O.S. HOSPITAL		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) LINDA	b. (Middle) KAY WHEELER	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) November 7, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH November 7, 1950	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Mins. 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kirkville, Missouri	12. CITIZEN OF WHAT COUNTRY? United State
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13a. FATHER'S NAME Donald Tipton Wheeler	13b. MOTHER'S MAIDEN NAME Clara Alice Nicol	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Donald and Alice Wheeler, Kirkville, R#4	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Congenital
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Luckenshadle syndrome with cervical spinal Biffida		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital malformation DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		751 X	

19a. DATE OF OPERATION 11-7-50	19b. MAJOR FINDINGS OF OPERATION Post mortum performed at K. COS Laboratory See above.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)	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 Nov. 7, 1950, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 7, 1950, and that death occurred at 6:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE Howard E. Gross, M.D.	(Degree or title)	23b. ADDRESS 1102 E. Normal, Kirkville, Mo.	23c. DATE SIGNED 4-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Body was released to KCOS Anatomy Laboratory for pathologic specimen and study.	24b. DATE 6	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-14-51	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Howard E. Gross, M.D.	ADDRESS Kirkville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(255)

FILED APR 17 1951

Date Received: APR 16 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-57-73
Date Filed: APR 16 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.