

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12370

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5528 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau-T.3.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau-Rural-weaubleau T.3.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile N.W. of Weaubleau</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile N.W. of Weaubleau</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marcus</u> b. (Middle) <u>Clayton</u> c. (Last) <u>Wheeler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 21-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 24-1863</u>	9. AGE (In years) (last birthday) <u>87</u> Months <u>10</u> Days <u>27</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Quincy, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edwin Wheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Estes</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Alice Wheeler</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Wheeler - Weaubleau, Mo</u>	ADDRESS <u>Weaubleau, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial weakness</u>		
	DUE TO (c) <u>Senile debility</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 Sept., 1950, to March 21, 1951, that I last saw the deceased alive on March 19, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Easton</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Weaubleau, Mo</u>	23c. DATE SIGNED <u>March 26, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Weaubleau, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 12 '51</u>	REGISTRAR'S SIGNATURE <u>A. J. Hargis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Wetmore - Weaubleau, Mo</u>	ADDRESS <u>Weaubleau, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

430
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4-12-51

RECEIVED 4-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-18-51 _____

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 *Chas. Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, Md*

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.

4