

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31041**

FILED OCT 3 1951		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>304</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</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>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Route # 4</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ELLA</b>		b. (Middle) <b>WALDECKER</b>		c. (Last) <b>WHEELER</b>	
4. DATE OF DEATH		(Month) <b>Sept.</b> (Day) <b>19,</b> (Year) <b>1951</b>		5. SEX <b>Fe</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 18, 1891</b>		9. AGE (In years last birthday) <b>60</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Bay, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward H. Waldecker</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Kraftzeck</b>		14. NAME OF HUSBAND OR WIFE <b>Jesse R. Wheeler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>***</b>		16. SOCIAL SECURITY NO. <b>***</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H. L. Mewes, Sedalia, Mo</b> ADDRESS			
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>hypertension, essential</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocarditis Chronic</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?	
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 <b>April 21, 1951</b> , to <b>Sept 19, 1951</b> , that I last saw the deceased alive on <b>Sept 19, 1951</b> , and that death occurred at <b>1:00 AM</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Chas Gordon Greenbach MD</b> (degree or title)		23b. ADDRESS <b>Sedalia Mo</b>		23c. DATE SIGNED <b>9-20-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 21, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>	
DATE REC'D BY LOCAL REG. <b>9/21/1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Sedalia, Mo</b>	
251-0 (Licensed Embalmer's Statement on Reverse Side)							

RECEIVED 10-2-51

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 10-2-51

10-2-51  
10-2-51

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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 \_\_\_\_\_

Licensed Embalmer No. 3470

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.