

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38316

State File No.

FILED DEC 7 1951

REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4403 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Boonville</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Boonville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u> <u>8780</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Sch</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W</u> c. (Last) <u>Wheeler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-51</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>1-24-1882</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	
IF UNDER 6 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Wynaburg Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Wheeler</u>	
13b. MOTHER'S MAIDEN NAME <u>Sallie West</u>		14. NAME OF HUSBAND OR WIFE <u>Annis Wheeler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Annis Wheeler Steele, Mo</u>		ADDRESS <u>Steele, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs -</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cachexia</u>		<u>6 month</u>	
DUE TO (c) <u></u>		II. 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>151X</u>		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 JUN 1949, to Nov 17, 1951, that I last saw the deceased alive on Nov 17, 1951, and that death occurred at 7:10 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.M. Callahan</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Steele, Mo</u>	
23c. DATE SIGNED <u>11/26/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-29-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Steele</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel Hunt</u>	
DATE REC'D BY LOCAL REG. <u>12-3-51</u>		REGISTRAR'S SIGNATURE <u>S. J. Olden</u>		ADDRESS <u>Steele, Mo</u>	

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

12-51-302

Rec. DEC 5 1951

Pemiscot County Health Department,
Caruthersville, Missouri

SEP 19 1955

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed John W. German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hart, 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.