

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21205

State File No.

FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 203

0644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> <u>0644</u>	
c. LENGTH OF STAY (In this place) <u>7 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>701 CARDIFF HILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 Cardiff Hill</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>A</u> c. (Last) <u>WHEELER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-1952</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>8-29-1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DENVER COLO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Wm. WHEELER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA WAGNER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. IRENE WHEELER</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene M. Wheeler - Hannibal Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide. Shot self in right temple</u>		Suicide. Shot self in right temple					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Residence</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Missouri</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>July 3, 1952</u> <u>about 10:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from about, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W Crawford Smith</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>July 5-1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIVERSIDE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HANNIBAL, MO</u>	
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DATE REC'D BY LOCAL REG. <u>7-7-52</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Royce Park - Hannibal, Mo.</u>			
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RECEIVED JUL 5 1952
MARION CO. HEALTH DEPT.
DATE FILED JUL 15 1952

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.....

Ralph Clark..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ralph Clark*.....

Licensed Embalmer No. *4217*.....

P. O. Address *Hammel, 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.