

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28507**
Registrar's No. **172**

FILED SEP 12 1952

BIRTH NO. **59256** REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived... If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION McUene Brooks Hosp.		d. STREET ADDRESS (If rural, give location) 1218 Prospect	

3. NAME OF DECEASED (Type or Print) a. (First) Carolyn b. (Middle) Jean c. (Last) Wheat			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Sept. 5, 1952		9. AGE (In years last birthday) Months Days Hours Mins. 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Carthage, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Johnnie R. Wheat		13b. MOTHER'S MAIDEN NAME Lorene L. Glyman		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Johnnie R. Wheat, Carthage Mo.	

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) Congenital Debility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malformation of Cranium DUE TO (c) of Cranium			INTERVAL BETWEEN ONSET AND DEATH 34 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1582	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		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 5, 1952**, to **34 hrs**, that I last saw the deceased alive on **Sept 5, 1952**, and that death occurred at **3:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Wood, M.D.		23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 9/6/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-7-52		24c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery	
24d. LOCATION (City, town, or county) (State) Dudenville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home		ADDRESS Carthage, Mo.	
DATE REC'D BY LOCAL REG. 9-6-52		REGISTRAR'S SIGNATURE LB Clutter M.D.			

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

RECEIVED 9-11-52
Jasper County Health Office

County File Number 52/9/719

Date Filed 9-11-52

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. 462

working under my personal supervision.

Student Robert E. Muddeman
Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carters, 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.