

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9607

State File No.

FILED APR 14 1953

BIRTH NO.		REG. DIST. NO. 138	PRIMARY REG. DIST. NO. 5528	Registrar's No. 26
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>Rural-Weaublean T.S</u>		c. LENGTH OF STAY (in this place) <u>16 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Weaublean Township</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles East of Weaublean</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles East of Weaublean</u>		
3. NAME OF DECEASED a. (First) <u>William</u> (Type or Print)		b. (Middle) <u>Abbott</u>		c. (Last) <u>Wheeler</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 19-1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 17-1899</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>73 8 2</u>
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Fort Scott Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Nathan Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Terry</u>
14. NAME OF HUSBAND OR WIFE <u>Emilie Wheeler</u>		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>unknown</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Emilie Wheeler Weaublean, 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		2. 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>Paralytic Stroke Left Side</u>		3. 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>352X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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)		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 <u>March 16, 1953</u> to <u>March 19, 1953</u> that I last saw the deceased alive on <u>March 19, 1953</u> and that death occurred at <u>3:20 AM.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>A. R. Easton</u>		23b. ADDRESS <u>Weaublean Mo</u>		23c. DATE SIGNED <u>March 30, 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roberson Cemetery Weaublean, Mo</u>
24d. LOCATION (City, town, or county) (State) <u>Weaublean, Mo</u>		DATE REC'D BY LOCAL REG. <u>4-6-1953</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert K. Halloway</u>		ADDRESS <u>Wheatland, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Chas Gilbert Hethcote

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.