

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13736

State File No.

FILED MAY 5 1953

BIRTH NO.		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5347</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u> d. STREET ADDRESS (If rural, give location) <u>1300</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>L.</u> c. (Last) <u>Wheeler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26-1953</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Jan. 29/1984</u>		9. AGE (in years last birthday) <u>69</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>27</u>	
11. BIRTHPLACE (State or foreign country) <u>Decaturville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Henry Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Jenny Thomas</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Luttrell</u> ADDRESS <u>Buffalo, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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) (Minute) _____	
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>3-25</u> , 19 <u>53</u> , to <u>4-26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-25</u> , 19 <u>53</u> , and that death occurred at <u>5:30A</u> m., from the causes and on the date stated above.		23. SIGNATURE <u>O. O. Hammon</u> (Degree or title) <u>M.D.</u>	
23a. ADDRESS <u>Buffalo, Mo.</u>		23b. DATE SIGNED <u>4-27-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 28/1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Scrivner</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Petree</u> ADDRESS <u>Montgomery Funeral Home Buffalo, Mo.</u>		25a. DATE REC'D BY LOCAL REG. <u>5/2/53</u>	

(Licensee's Employer's Statement on Reverse Side)

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

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 Slyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, N.Y.

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.