

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22279**

FILED JUN 22 1953

BIRTH NO. **23232** REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY NEW MADRID.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID.	
b. CITY OR TOWN NEW MADRID.		c. CITY OR TOWN NEW MADRID.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NO.		d. STREET ADDRESS (If rural, give location) 6 MI. W. N. W. OF NEW MADRID.	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) LEONARD c. (Last) WHEELER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 14 - 1953		
5. SEX M.	6. COLOR OR RACE Colored.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH-21-1953	9. AGE (In years last birthday) 2	9. AGE (In months) (Days) (Hours) (Mins.) 2 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child.		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) KEWANEE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ISAC WHEELER	13b. MOTHER'S MAIDEN NAME EARNESTINE EVANS	14. NAME OF HUSBAND OR WIFE NONE.
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. NO.	17. INFORMANT'S SIGNATURE OR NAME Jane Wheeler ADDRESS New Madrid, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) from all records cause of death was unknown		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) death was unknown		
	DUE TO (c)		
11. 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 7955	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo Hedgepeth, Coroner		23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED 6/15/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 15 - 1953	24c. NAME OF CEMETERY OR CREMATORY SIMMONS PARK.	24d. LOCATION (City, town, or county) (State) CATRON, MO.
DATE REC'D BY LOCAL REG. 6/19/53	REGISTRAR'S SIGNATURE Nelew Loue Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Friends. County Court Catron, Mo	

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

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.