

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24497

State File No. ....

FILED JUL 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. 655

1. PLACE OF DEATH a. COUNTY <u>Dreene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dreene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u> <u>0390</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.R.#1</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGAURITE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>WHEELER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 - 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>June 17 - 1868</u>		9. AGE (In years last birthday) <u>85</u>		10. IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>state of Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>J. M. Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>D. L. 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mintie Harp Walnut Grove - Mo.</u>	

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>Shock</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Fractures femur</u>					
		DUE TO (c) <u>Senility</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				9030 21	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Xray</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>039</u> (COUNTY) <u>Dreene</u> (STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 13 5:3 7:40</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell when getting out of bed</u>	

22: I hereby certify that I attended the deceased from July 8, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on July 11 - 5:00, 1953, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Barber MD</u> (Degree or title)		23b. ADDRESS <u>Walnut Grove Mo</u>		23c. DATE SIGNED <u>July 13 - 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July - 16 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeler Cemetery</u>		24d. LOCATION (City, town, or county) (State): <u>Dade Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7-16-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brim - Deneal - Walnut Grove - Mo</u>	
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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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Wayne Francis*  
Student Embalmer No. ....  
Licensed Embalmer No. *4702*  
P. O. Address *Ash Grove, Wis.*

**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.