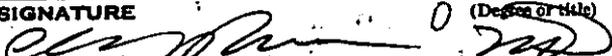


STANDARD CERTIFICATE OF DEATH

State File No. **36355**

FILED NOV 13 1953

BIRTH NO.		REG. DIST. NO. <u>164</u>	PRIMARY REG. DIST. NO. <u>5600</u>	Registrar's No. <u>146</u>
1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Rural: Simpson Twp		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Simpson Twp
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD Warrensburg # 2		d. STREET ADDRESS (If rural, give location) RFD Warrensburg # 2		
3. NAME OF DECEASED (Type or Print) a. (First) Julia		b. (Middle) H	c. (Last) Wheeldon	4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 19, 1880	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) RFD Warrensburg, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George M. Duncan		13b. MOTHER'S MAIDEN NAME Rebecca Blevins		14. NAME OF HUSBAND OR WIFE J. R. Wheeldon
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 J. R. Wheeldon, Warrensburg, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 7 yrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction		
		DUE TO (c) Varicella disease		7 yrs
		II. 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 4.43x			20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" 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 <u>Nov 1, 1950</u> , to <u>Nov 3, 1953</u> , that I last saw the deceased alive on <u>Nov 3, 1953</u> , and that death occurred at <u>6:45 am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE 		23b. ADDRESS Warrensburg, Missouri	23c. DATE SIGNED 11/5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Liberty	24d. LOCATION (City, town, or county) (State) Johnson Co. Missouri	
DATE REC'D BY LOCAL REG. Nov. 5, 1953	REGISTRAR'S SIGNATURE Savannah DeWitt	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS Warrensburg, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 9 1975
JANESVILLE
JEFFERSON COUNTY HEALTH DEPT.

NOV 18 1975

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 _____

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Student John P. Rodgers
Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3738

P. O. Address Warrensburg

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.