

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36728

State File No.

Dr. M. Daniel
FILED NOV 4 - 1953

BIRTH NO. _____ REG. DIST. NO. *275* PRIMARY REG. DIST. NO. *5912* Registrar's No. *52*

1. PLACE OF DEATH a. COUNTY <i>Deming</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Deming</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Steele</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Steele</i>	
c. LENGTH OF STAY (In this place) <i>na 50 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>Rt 3</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Fannie</i>	b. (Middle) <i>Wheeler</i>	c. (Last) <i>Wheeler</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>10-28-53</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Unmarried</i>	8. DATE OF BIRTH <i>3-23-1889</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>5</i>	IF UNDER 24 HRS. Hours <i>1</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>Wayne Co. Tenn.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Geo A Jackson</i>	13b. MOTHER'S MAIDEN NAME <i>Margaret Roberts</i>	14. NAME OF HUSBAND OR WIFE <i>—</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Herbert Wheeler</i>	ADDRESS <i>Steele Mo</i>
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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) <i>Ca. of Cervix</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <i>171 X</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *9/10*, 19*53*, to *10/28*, 19*53*, that I last saw the deceased alive on *10/28*, 19*53*, and that death occurred at *5:30 P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. Daniel</i>	(Degree or title)	23b. ADDRESS <i>Steele Mo</i>	23c. DATE SIGNED <i>10/31/53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>10-30-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt Zion</i>	24d. LOCATION (City, town, or county) (State) <i>Steele Mo</i>
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DATE REC'D BY LOCAL REG. <i>10/31/53</i>	REGISTRAR'S SIGNATURE <i>M. Daniel</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. ...</i>	ADDRESS <i>Steele Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0780

10-344-53-

PENNSCOOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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NOV 5 1953

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 Embalmer No.....

Signed.....

John St. German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.