

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

45011

State File No.

S. No. 900
V. 10-48

6002
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH <u>FILED FEB 9 1954</u>		REG. DIST. NO. <u>71</u>	PRIMARY REG. DIST. NO. <u>3012</u>	Registrar's No. <u>6</u>
1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs.		
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 120 Sycamore		
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital				
3. NAME OF DECEASED (Type or Print) PAULINE		a. (First) EMILY	b. (Middle) WHEELER	c. (Last)
4. DATE OF DEATH Oct. 17, 1953		5. SEX Female / 6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May, 26, 1886		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurses Aid		10b. KIND OF BUSINESS OR INDUSTRY Clenic		11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Lipp		
13b. MOTHER'S MAIDEN NAME Katherine Meyers		14. NAME OF HUSBAND OR WIFE Charles R. Wheeler, Dec.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 329-20-0082		17. INFORMANT'S SIGNATURE OR NAME Bertha Strayer, 120 Sycamore, Ex. Spg
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Bronchittis (severe) DUE TO (c) Virus influenza (May, 1953) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH instant sev. mos
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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>10/14</u> , 19 <u>53</u> , to <u>10/17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/17/53</u> , and that death occurred at <u>2:30pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS M.O.D. Excelsior Springs, Mo.		23c. DATE SIGNED 10/30/53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT. 19, 1953		24c. NAME OF CEMETERY OR CREMATORY Sycamore, Ill. Cemetery
24d. LOCATION (City, town, or county) (State) Sycamore, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Hope funeral home Ex. Spge, MO.		
DATE REC'D BY LOCAL REG. 11/6/54		REGISTRAR'S SIGNATURE <i>[Signature]</i>		

REC'D 1934
NOV 6 2 23

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.