

STANDARD CERTIFICATE OF DEATH

State File No. **8115**

BIRTH NO. FILED **APR 12 1954** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50yrs		e. STREET ADDRESS (If rural, give location) 721 Cardinal Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 721 Cardinal Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Gertrude	b. (Middle) Inez	c. (Last) Wheatley	4. DATE OF DEATH (Month) (Day) (Year) Apr 4 1954
-------------------------------------	----------------------------	-------------------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June-30-1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY JHome	11. BIRTHPLACE (City and State or Foreign Country) Ames, Iowa		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME John Maw	13b. MOTHER'S MAIDEN NAME Elizabeth ?	14. NAME OF HUSBAND OR WIFE Thomas Wheatley
---------------------------------------	---	---

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 Frank H. Young, Jefferson City, Mo	ADDRESS Jefferson City, Mo
---	--	--	--------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		MEDICAL CERTIFICATION Arteriosclerotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Morbidity			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-3 1954**, to **4-4 1954**, that I last saw the deceased alive on **4-2 1954**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE Edward R. Bohner M.D.	(Degree or title)	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 4-6 54
--	-------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr-6-1954	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. April 10-1954	REGISTRAR'S SIGNATURE R. P. ...	25. FEDERAL DIRECTOR'S SIGNATURE ...	ADDRESS Jefferson City, Mo
--	---	--	--------------------------------------

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Shope J Fordm*

Licensed Embalmer No. *1786*
P. O. Address *Jeff City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.