

No. 300
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FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26528

State File No.

BIRTH NO.		REG. DIST. NO. <u>56</u>	PRIMARY REG. DIST. NO. <u>5793</u>	Registrar's No. <u>14</u>
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>		
b. CITY OR TOWN <u>Rural Egypt Twp.</u>	c. LENGTH OF STAY (In this place) <u>25 years</u>	c. CITY OR TOWN <u>Norborne</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi. S.E. of Norborne</u>		e. STREET ADDRESS (If rural, give location) <u>200 E. 4th St - 0170</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTOINETTE</u> b. (Middle) <u>-</u> c. (Last) <u>WHEELER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 16, 1873</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dover, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Francis Strubling</u>		
13b. MOTHER'S MAIDEN NAME <u>Broline Doyle</u>		14. NAME OF HUSBAND OR WIFE <u>Gas. Wheeler</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 <u>Mrs. Peter A. Trotter</u> ADDRESS <u>Norborne, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Diffuse</u> DUE TO (c) <u>Hypertension Essential</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic Arthritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>10 years</u> <u>over 10 years</u>
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)	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>1-6-</u> , 19 <u>54</u> , to <u>8-13-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-73-</u> , 19 <u>54</u> , and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>James H. Kistell, M.D.</u>		23b. ADDRESS <u>Norborne, Mo.</u>	23c. DATE SIGNED <u>8-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 15 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ray Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 14 - 1954</u>	REGISTRAR'S SIGNATURE <u>Eileen Tennison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley J. Gibson</u> ADDRESS <u>Carrollton Mo.</u>		

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.