

FILED AUG 31 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28028

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5579</u>		Registrar's No. <u>123</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Final Grove</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4 Miles N. of Webb City Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 1 Oronogo, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Oronogo, Mo Rt 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>D.</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Wheat</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 14 1878</u>	
9. AGE (in years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u>7</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Ore Buyer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Mattoon, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Dr. Z. D. Wheat</u>		13b. MOTHER'S MAIDEN NAME <u>Alice True</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillian Wheat</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>110</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillian Wheat Rt 1 Oronogo 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Coronary Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 Min</u> <u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>				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>Aug. 10, 1954</u> , to <u>Aug. 20, 1954</u> , that I last saw the deceased alive on <u>Aug. 19, 1954</u> , and that death occurred at <u>3:45p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Alba, Missouri</u>		23c. DATE SIGNED <u>Aug 21/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 24 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clark Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Jeplin, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-22-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Johnston-Arnce-Simpson Mortuary</u>	

(Licensed Emballer's Statement on Reverse Side)

Webb City, Mo

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

0490

0490

DEC 6 1954

RECEIVED AUG 30 1954
Jasper County Health Office
County File Number 54-8-715
Date Filed AUG 30 1954

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 *Lawrence E. Orme*.....

Licensed Embalmer No. 4463.....

P. O. Address Webb City, 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.