

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28315

FILED OCT 14 1954

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
-b. CITY (If outside corporate limits; write RURAL and give OR TOWN <u>Rural - Wolf Island Twp</u> )		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>East Prairie</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles S. E. East Prairie</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>6-12-70</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) _____ c. (Last) <u>WHEATLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 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>Feb. 3 1906</u>	9. AGE (In years last birthday) <u>48</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison, Ind. /</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>unk</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>Annie B. Wheatley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Wheatley East Prairie, Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound of the heart</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Shot with a 12 Ga pumpgun instantly</u>		
	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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>E 981 X</u>
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 admitted as coroner, 19  , to   , 19  , that I last saw the deceased alive on    19  , and that death occurred at 8:30 P m., from the causes and on the date stated above.

22a. SIGNATURE <u>Clyde Shelby</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>East Prairie, Mo</u>	22c. DATE SIGNED <u>8-20-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. O. W. Cemetery East Prairie, Mo</u>
24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Trude G. Harper</u>	25. GENERAL DIRECTOR'S ADDRESS <u>East Prairie, Mo</u>
DATE REC'D BY LOCAL REG. <u>10-12-54</u>	REGISTRAR'S SIGNATURE <u>Trude G. Harper</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 13 REC'D  
RECEIVED

Miss. Co. Health De

County File No. \_\_\_\_\_

Date Filed OCT 13 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Travis Shelby* \_\_\_\_\_

Licensed Embalmer No. *21* \_\_\_\_\_

P. O. Address *East View* \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.