

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28425

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3310</u>		Registrar's No. <u>215</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY OR TOWN <u>Clearmont</u>			c. LENGTH OF STAY (in hospital or institution) <u>10 days</u>	c. CITY OR TOWN <u>Elmo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallen Rest Home</u>				STREET ADDRESS (If rural, give location) <u>0740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Wheeler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-23rd-1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct-4-1877</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during 10 days or 10 weeks immediately preceding death) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Soloman Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Christena Wheeler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leonard Wheeler Elmo, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Increased intracranial pressure (Medullary failure.)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Massive sub-arachnoid Hemorrhage</u> DUE TO (c) <u>Advanced Cerebral Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Left sided hemiplegia, bedfast Sept. 1950.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs.</u> <u>24 hrs.</u> <u>4 yrs.</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) <u>Elmo, Missouri</u>			
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>Sept. 20, 1950</u> , to <u>Aug. 23, 1954</u> , that I last saw the deceased alive on <u>Aug. 23, 1954</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Blair Ford, M.D.</u>				23b. ADDRESS <u>Elmo, Missouri</u>		23c. DATE SIGNED <u>Aug-30, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Elmo, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-11-54</u>		REGISTRAR'S SIGNATURE <u>Les Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Westboro, MO</u>			

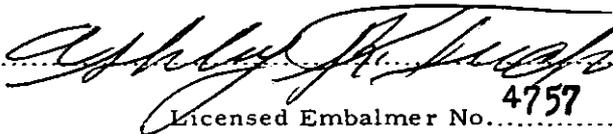
(Licensed Embalmer's Statement on Reverse Side)

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 **Ashley R Tucker II**....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. **4757**.....

P. O. Address **Westboro, Mi**.....

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.