

STANDARD CERTIFICATE OF DEATH

1695

State File No. ....

FILED JAN 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	c. CITY OR TOWN <u>Chillicothe,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1021 Monroe.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		e. STREET ADDRESS (If rural, give location)	
a. (First) <u>LOREN</u>	b. (Middle) <u>CHESTER</u>	c. (Last) <u>WHEELBARGER</u>	
4. DATE OF DEATH		(Month) (Day) (Year) <u>Jan. 8th, 1955</u>	

5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Feb. 2, 1873</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Isaac Dayton Wheelbarger</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Scott.</u>		14. NAME OF HUSBAND OR WIFE <u>Iva Alma (Haynes) Wheelbarger</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>531-12-5336</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Wheelbarger, Bogard, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatitis, Infectious</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <u>092X</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 WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 23, 1954, to Jan 8, 1955, that I last saw the deceased alive on Jan 7, 1955, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Conrad M.D.</u>	(Degree or title)	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>1/9/1955</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/9/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arkadelphia</u>	24d. LOCATION (City, town, or county) (State) <u>Avalon, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-9-55</u>	REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin, Tina, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 3 1955

APR 29 1955

MAY 2 1955

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.....  
*Clifford W Austin*  
Licensed Embalmer No..... #3233

P. O. Address.....  
Tina, Miss

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.