

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19623

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3052 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 Months</u>		e. STREET ADDRESS (If rural, give location) <u>119 N. Broadway</u> 08070	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Sedalia Hosp. #2</u>		3. NAME OF DECEASED a. (First) <u>Helia</u> b. (Middle) <u>O</u> c. (Last) <u>Wheeler</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1955</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>May 9, 1907</u> 9. AGE (In years last birthday) <u>48 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Otterville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Augustus Hogan</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Finley</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas Wheeler (Divorced)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Not Known</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Berger-Sedalia, Mo.</u> ADDRESS _____	
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>CARCINOMA RIGHT BREAST</u> INTERVAL BETWEEN ONSET AND DEATH <u>SAME MONTHS</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. <u>(GENERALIZED METASTASIS.)</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? <u>(COUNTY PHYSICIAN)</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Karl B. Goussard</u> (Degree or title) _____		23b. ADDRESS <u>Sedalia, Mo.</u>	
23c. DATE SIGNED <u>22 JUNE</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-23-55</u>	
REGISTRAR'S SIGNATURE <u>Levinia County, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Alford</u> ADDRESS <u>400 W Poplar</u>	

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eric Alexander*

Licensed Embalmer No. *494*

P. O. Address *Sudaria*

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.