

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23266**

FILED AUG 12 1955

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4434** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Center	c. LENGTH OF STAY (in this place) 6 Wks	c. CITY OR TOWN Clarence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION None		e. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) ELLEN c. (Last) WHEELER			4. DATE OF DEATH (Month) (Day) (Year) 7-23-1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-28-1860	9. AGE (In years) (last birthday) 98	IF UNDER 1 YEAR Months 11 Days 25 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) household		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Shelbyville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Wm. Hirrlinger	13b. MOTHER'S MAIDEN NAME Magdalena Doerrer	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Vincil Wheeler, Clarence, Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Acute)		INTERVAL BETWEEN ONSET AND DEATH 4 days 6 weeks
	ANTECEDENT CAUSES DUE TO (b) Apoplexy		
	DUE TO (c) Senile Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None Known!			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 334x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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 **May 6, 1955**, to **July 23, 1955**; that I last saw the deceased alive on **July 23, 1955**, and that death occurred at **2:30Pm.**, from the causes and on the date stated above.

23a. SIGNATURE C. H. Birrholz (Degree or title) Dr. 2	23b. ADDRESS Center, Mo.	23c. DATE SIGNED 7-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-25-1955	24c. NAME OF CEMETERY OR CREMATORY Morris Chapel
		24d. LOCATION (City, town, or county) (State) Shelby County, Mo.

DATE REC'D BY LOCAL REG. 7/27/55	REGISTRAR'S SIGNATURE Clyde Welby	25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw-Hawkins ADDRESS Shelbina, Mo.
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Hawkes*

Licensed Embalmer No. *348*
P. O. Address *St Albans*

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.