

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34396

State File No. ....

FILED OCT 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Moberly</u>	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 <u>Woodland Hospital</u>		• STREET ADDRESS (If rural, give location) <u>544 Woodland</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Stella</u>	b. (Middle) <u>Emma</u>	c. (Last) <u>Jane Wheeler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 8 1938</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>22</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>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Drug</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Andrew H. Wheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Eather Wingert</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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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>492-40-6556</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A.H. Wheeler</u>	ADDRESS <u>Moberly, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTERNAL INJURIES ABDOMEN etc</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HWY #24</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SALT SPRINGS TWP RANDOLPH MISSOURI</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 29, 1955 8:35 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2.00 left side pavement Auto-run at pavement on right fl. pedover</u>
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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 3:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Jolly D. Brown</u>	23b. ADDRESS <u>Moberly Missouri</u>	23c. DATE SIGNED <u>10-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-2-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-2-55</u>	REGISTRAR'S SIGNATURE <u>Leavelle</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>Mathew and Paul Moberly Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 21 1958

**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.....  
*Frank D. McNeill*

Licensed Embalmer No. *302*

P. O. Address *Moberly*

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.