

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42339**
Registrar's No. **4**

FILED DEC 20 1956

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5902**

1. PLACE OF DEATH a. COUNTY Remond		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) -a. STATE MO b. COUNTY Remond	
b. CITY OR TOWN Rural, Hayts c. LENGTH OF STAY (in this place) 3 yr		c. CITY OR TOWN Rural 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		e. STREET ADDRESS (If rural, give location) Hayts - Hayts 0180	

3. NAME OF DECEASED (Type or Print) SIMPSON	a. (First)	b. (Middle)	c. (Last) Wheeler	4. DATE OF DEATH (Month) (Day) (Year) 12 10 56
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-19-1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Cotton Farm	11. BIRTHPLACE (City and State or Foreign Country) Abertons, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Obie Wheeler	13b. MOTHER'S MAIDEN NAME Isabel Martin	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Clodia Wheeler	ADDRESS Hayts MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) status asthmaticus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic bronchial asthma 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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **10 Dec, 1956**, to **10 Dec, 1956**, that I last saw the deceased alive on **10 Dec, 1956**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Wheeler (Degree or title)	23b. ADDRESS Camarthenville, Mo	23c. DATE SIGNED 12/11/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-13-56	24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge	24d. LOCATION (City, town, or county) (State) Camdenville MO
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DATE REC'D BY LOCAL REG. 12-14-56	REGISTRAR'S SIGNATURE John H. German	25. FUNERAL DIRECTOR'S SIGNATURE J. Smith	ADDRESS Hayts - MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4060

12-327-56

DEC 18 1956

DEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *J. H. Will*

Licensed Embalmer No. *2627*

P. O. Address *Libson, MO*

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.