

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **560**
Registrar's No. **9**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4100**

1. PLACE OF DEATH a. COUNTY Cars		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cars	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Strasburg		c. CITY OR TOWN Strasburg	d. Is 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) 20 years		e. STREET ADDRESS (If rural, give location) no address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Strasburg mo.			

3. NAME OF DECEASED (Type or Print) a. (First) ELIZA b. (Middle) VIRGINIA c. (Last) WHEELDON			4. DATE OF DEATH (Month) (Day) (Year) 1 - 21 - 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-16-1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Johnson Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Engel		13b. MOTHER'S MAIDEN NAME Synthia -unk-		14. NAME OF HUSBAND OR WIFE George Wheeldon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Wheeldon Strasburg Mo	

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) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis and senility		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis-generalized		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 331X	
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?	

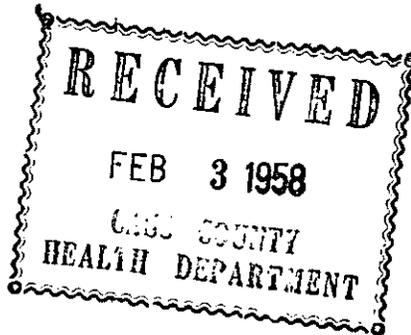
22. I hereby certify that I attended the deceased from **1-21-58** to **1-21-58**, that I last saw the deceased alive on **1-21-**, 1958, and that death occurred at **11:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ed Wheeler MD		23b. ADDRESS Pleasant Hill, Mo		23c. DATE SIGNED 1-23-58	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-24-58		24c. NAME OF CEMETERY OR CREMATORY Strasburg Cmn		24d. LOCATION (City, town, or county) (State) Strasburg, Mo	
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DATE REC'D BY LOCAL REG Jan 26, 1958		REGISTRAR'S SIGNATURE Dora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen Ruffner Pleasant Hill Mo	
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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 *Allen W. Brownfield*

Licensed Embalmer No. *378*

P. O. Address *Leeward H.*

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.