

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1958

2274

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Sedalia		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sedalia Nursing Home				Length of stay in lb		d. STREET ADDRESS (If outside, give location) R. R. # 5	
3. NAME OF DECEASED (Type or print) First Jesse Middle Adkin Last Wheeler				4. DATE OF DEATH Month Feb. Day 4 Year 1958			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Jan. 1, 1876 82 yrs.	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Beaman, Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Self-employed		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Wheeler				14. MOTHER'S MAIDEN NAME Matilda Majors			
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. None		17. INFORMANT Address Mrs. Mildred Bridgewater - Sedalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Chronic Myocarditis DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Arteriosclerosis, chronic nephritis							INTERVAL BETWEEN ONSET AND DEATH 5 days several years
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov 8 - 1956 to 2-4-58 and last saw him alive on 2-4-58 AM. Death occurred at 8:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE A. E. Maddox M.D. (Degree or title)				22b. ADDRESS Sedalia Mo		22c. DATE SIGNED 2-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb 8, 1958		23c. NAME OF CEMETERY OR CREMATORY Beaman Cemetery		23d. LOCATION (City, town, or county) (State) Beaman Mo.	
24. FUNERAL DIRECTOR Blue Chapel ADDRESS 400 W. Main		25. DATE RECD. BY LOCAL REG. 2-8-58		26. REGISTRAR'S SIGNATURE Frances Kelly			

(Licensed Embalmer's Statement on Reverse Side)

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

Frederick R. R. R.

Licensed Embalmer No. *424*

P. O. Address *Sedalia*

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.