Health, Welfare Public Service

300 -57

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005276
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 730

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN Clinton (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Clinton Gen. Hosp. Length of stay in Hospital 2 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) RFD # 6 Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First ANNA Middle BELLE Last WHEATLEY
4. DATE OF DEATH Month Feb Day 17 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Sept 27, 1887
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 4 Days 26 IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wellis Clay
13b. MOTHER'S MAIDEN NAME Richeson
14. NAME OF HUSBAND OR WIFE Thomas M Wheatley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT T. M Wheatley Address Clinton Mo Rt 6

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive heart failure — 4 months
DUE TO (c) Chronic myocarditis — 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None 4222
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 6/23/57, to 2/17/58 and last saw her/him alive on 2/17/58
Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. R. Hughes (Degree or title) M D
22b. ADDRESS Clinton, Mo.
22c. DATE SIGNED 2/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-20-58
23c. NAME OF CEMETERY OR CREMATORY Englewood
23d. LOCATION (City, town, or county) (State) Clinton Missouri

24. FUNERAL DIRECTOR SCHAERG FUNERAL HOME ADDRESS 214 SO. SECOND PH. 454 CLINTON, MO.
25. DATE RECD. BY LOCAL REG. 2-18-58
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

21

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 F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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.