

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14958-58 58-017746
STATE FILE NUMBER

FILED JUN 15 1958 Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 83

| | | | |
|--|---------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Kennett Mo</u> 0350 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural # 2</u> | | d. STREET ADDRESS (If outside, give location) <u>Highway 84</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Donald</u> Middle <u>-----</u> Last <u>Wheeler</u> | | 4. DATE OF DEATH Month <u>5</u> Day <u>24</u> Year <u>58</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>2 Negro</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>Mar 6, 1958</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Month <u>2</u> Days <u>18</u> IF UNDER 24 HRS.: Hours <u>-----</u> Min. <u>-----</u> |
| 13. FATHER'S NAME <u>J. W. Wheeler</u> | | 11. BIRTHPLACE (City and state or country) <u>Kennett Mo.</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no. or unknown) <u>no</u> | | 14. MOTHER'S MAIDEN NAME <u>Archie Bea Wheeler</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT Address <u>Archie Bea Wheeler</u> | |

| | | |
|---|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day?</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | <u>493X</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Born premature</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | | | |
|--|----------------------------------|---|--|------------------------------------|
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 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. | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION | | STATE |
| 21. I attended the deceased from <u>Mar 6, 1958</u> to <u>April 14, 1958</u> and last saw ^{him} him alive on <u>April 14, 58</u> Death occurred at <u>4:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u> | | 22b. ADDRESS <u>Kennett, Mo</u> | | 22c. DATE SIGNED <u>5/24/58</u> |

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|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-25-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cook Ridge</u> | 23d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u> |
| 24. FUNERAL DIRECTOR <u>St. Salmon</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-26-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Paul Husband</u> |
| ADDRESS <u>212 College</u> <u>Kennett, Mo</u> (Licensed Embalmer's Statement on Reverse Side) | | | |

Health, & Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-2-58
COUNTY FILE NUMBER 658-~~11~~ 12

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..

This body not embalmed

Student
Signature of Student Embalmer

Signed
Licensed Embalmer No. 2578

P. O. Address *Kennett*

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.