

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024818
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Camden.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roach, Mo. Osage Township		c. CITY OR TOWN Roach, Mo. 0150 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS Lake Road 44 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Thomas. Last Wheeler.		4. DATE OF DEATH Month July Day 20, Year 1958	
5. SEX Male 0	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 18, 1880
9. AGE (In years last birthday) 78		FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Owner.		10b. KIND OF BUSINESS OR INDUSTRY Retired.	11. BIRTHPLACE (City and state or country) 0 St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Wheeler.	
13b. MOTHER'S MAIDEN NAME Tillie Keiffer.		14. NAME OF HUSBAND OR WIFE Hattie Moreno.	
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. Unknown.	17. INFORMANT Mrs. Hattie Wheeler. Address Roach, 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) <i>Coronary Arteriosclerosis - Heart Disease with myocardial degeneration</i> DUE TO (b) <i>Arteriosclerosis - generalized</i> DUE TO (c) <i>Arteriosclerosis - generalized</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 12 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 July 2-58, to July 20-58 and last saw him alive on July-1958 Death occurred at 8:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
SIGNATURE (Degree or title) <i>Thomas W. Wayland M.D.</i>		22b. ADDRESS Osage Beach, Missouri	22c. DATE SIGNED July 20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Remove	23b. DATE 7/20/58	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery.	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. <i>Hedges Funeral Home</i> ADDRESS <i>Camden, Mo</i>		25. DATE RECD. BY LOCAL REG. July 20-1958	26. REGISTRAR'S SIGNATURE <i>Zilpha J. Jarrow</i>

health, Welfare, Public Service
300
-57
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *Clarence E. Moss*.....

Licensed Embalmer No. 4896.....

P. O. Address...Waynesville, 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.