

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040479

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 160 Primary Registration District No. 302 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Festus</b>		c. CITY OR TOWN <b>Festus</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>205 Russell Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>205 Russell Ave</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>JESSE LEE WHEELER</b>			4. DATE OF DEATH Month Day Year <b>Nov. 15, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 4, 1896</b>		9. AGE (In years at birthday) <b>62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Builder</b>		11. BIRTHPLACE (City and state or country) <b>Clinton, Ky.</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Davis</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>499 01 1477</b>		17. INFORMANT Address <b>Mrs. Anna Belle Sparks, 205 Russell Festus Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3-4 yrs</b>		
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <b>emphysema</b>			<b>3-4 yrs</b>		
DUE TO (c) <b>bronchial asthma - neoplasmic</b>			<b>3-4 yrs</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <b>241X</b>					19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 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 <b>1957</b> to <b>Nov 15-58</b> and last saw <b>him</b> alive on <b>Nov 14-1958</b> Death occurred at <b>10 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Arthur B. J. Wensky D.O.</b>		22b. ADDRESS <b>303 W. Main St.</b>		22c. DATE SIGNED <b>11-17-58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-17-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Herculaneum City</b>		23d. LOCATION (City, town, or county) (State) <b>Herculaneum, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Vinyard Funeral Home, Inc., Festus, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11-20-58</b>		26. REGISTRAR'S SIGNATURE <b>Gene A. [Signature]</b>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

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DEC 8 1958

DATE RECEIVED NOV 20 1958

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 *Keith B. Vinson*

Licensed Embalmer No. *4976*  
P. O. Address *Festus, 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.