

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018659
STATE FILE NUMBER

FILED MAY 18 1959

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

161

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LA MONTE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CAMPBELL NURSE HOME				Length of stay in lb 1 YEAR.		d. STREET ADDRESS South. WALNUT ST.	
3. NAME OF DECEASED (Type or print) EMMA LEE WHEELER.				4. DATE OF DEATH 5-9-1959			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-29-1866	
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (City and state or country) LA MONTE MO				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN S. FLEMING				13b. MOTHER'S MAIDEN NAME ELEZEBETH ROUTSONG			
14. NAME OF HUSBAND OR WIFE R.H. WHEELER.				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 J. ELMO WHEELER - LA MONTE 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) Pulmonary edema DUE TO (b) Seridity DUE TO (c) Parkinson's Disease 350X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Abdominal mass. Etiology not determined						INTERVAL BETWEEN ONSET AND DEATH 2 days 5 years 2 years	
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 WORK 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 April 16, 1958 to 9 May 1959 and last saw her alive on 7 May 1959 Death occurred at 11 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Stanley S. Fisher M.D.				22b. ADDRESS 500 St. 16th Sedalia, Mo.		22c. DATE SIGNED 5-11-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-12-59		23c. NAME OF CEMETERY OR CREMATORY LA MONTE CEMETERY		23d. LOCATION (City, town, or county) (State) LA MONTE MO	
24. FUNERAL DIRECTOR ADDRESS Paul M. Moore - La Monte Mo.				25. DATE RECD. BY LOCAL REG. 5/12/1959		26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.