

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 8 1959

59-029995

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia, Missouri		Length of stay in 1b 4 yrs.		c. CITY OR TOWN Sedalia,		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 828 W. 6th.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First ELZADA Middle C. Last WHEELER				4. DATE OF DEATH Month August Day 30 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12-4-74	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days 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 Own Home		11. BIRTHPLACE (City and state or country) Beg Springs, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles E. Carrell		13b. MOTHER'S MAIDEN NAME Martha Snethen		14. NAME OF HUSBAND OR WIFE Dr. Wm. M. 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 Mr. W. C. Wheeler, St. Louis, 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) Died in sleep						INTERVAL BETWEEN ONSET AND DEATH Sudden.	
DUE TO (b) Senility						years	
DUE TO (c) Organic psychoses - Cerebral Arteriosclerosis						1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bedfast for past four years.						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	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 5 September 57 to 30 August 59 and last saw her alive on 27 August 1959 Death occurred at 5:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Stanley D. Fisher M.D. (Degree or title)				22b. ADDRESS 500 West 16th Sedalia, Miss.		22c. DATE SIGNED 1 Sept 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 2, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Sedalia, Missouri		(State)	
24. FUNERAL DIRECTOR Gillespie Funeral Home, Sedalia, Mo.			25. DATE RECD. BY LOCAL REG. Sept. 2, 1959		26. REGISTRAR'S SIGNATURE Betty Yeager Deputy.		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1958 8 1 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D. L. Naffer

Licensed Embalmer No. 5063

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.