

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004810

FILED VS FEB 3 1960

352

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hollister		Length of stay in 1b years	c. CITY OR TOWN Hollister Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) rural Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAMES Middle L. Last WHEELER			4. DATE OF DEATH Month Jan. Day 22 Year 1960		
5. SEX male	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 1-19-69	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 0 Days 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY stock	11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Solomon Wheeler		13b. MOTHER'S MAIDEN NAME Ann Watson		14. NAME OF HUSBAND OR WIFE Adella 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 Mrs Adella Wheeler Hollister, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation		INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hanging		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) tied rope around rafter in barn, tied rope around neck after getting up on step ladder and pushed ladder over.
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm home
20f. CITY, TOWN, OR LOCATION Hollister		COUNTY Taney STATE Missouri

21. I attended the deceased from **none**, to **none** and last saw her/him **alive on** **did not**.
Death occurred at **11:15 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter S. Cobb Coroner	22b. ADDRESS Branson, Mo	22c. DATE SIGNED 1/24/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-25-60	23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.
24. FUNERAL DIRECTOR ADDRESS Whelchel Chapel, Branson, Mo		23d. LOCATION (City, town, or county) Branson, Mo
25. DATE RECD. BY LOCAL REG. 1/25/60		26. REGISTRAR'S SIGNATURE Heleen Campbell

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Walter S. Coak

Licensed Embalmer No. 473

P. O. Address Princeton

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