

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 6 1960

=60-015932

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 67

INDEXED

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		Length of stay in 1b 1 Week		c. CITY OR TOWN Central Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 2, DeSoto, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Harry Middle Allen Last Wheeler				4. DATE OF DEATH Month April Day 21 Year 1960					
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/3/81		9. AGE (last birthday) 79	
						IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Engineer			10b. KIND OF BUSINESS OR INDUSTRY Terminal Ry.		11. BIRTHPLACE (City and state or country) Grafton, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Frank Wheeler			13b. MOTHER'S MAIDEN NAME Lucy Miller			14. NAME OF HUSBAND OR WIFE Gertrude 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. 702-09-1561		17. INFORMANT Address Gertrude Wheeler, Rt. 2, DeSoto, 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) Ventricular Tachycardia DUE TO (b) Gen. arterio-sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH apr 17 60 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture left hip apr 14, 60.						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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Fell in yard at home.					
20c. TIME OF INJURY - Hour 2 a.m. Month, Day, Year apr 14, 60									
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.) home		20f. CITY, TOWN, OR LOCATION Victoria		COUNTY Jefferson		STATE MO	
21. I attended the deceased from apr 15, 1955 to apr 21, 60 and last saw him ^{her} alive on apr 21, 1960 Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Wm. V. Neff				22b. ADDRESS DeSoto, Mo.				22c. DATE SIGNED apr 23, 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/24/60		23c. NAME OF CEMETERY OR CREMATORY Woodlawn		23d. LOCATION (City, town, or county) DeSoto		(State) Mo.	
24. FUNERAL DIRECTOR J. Lee Mothershead, DeSoto, Mo.				25. DATE REC'D. BY LOCAL REG. 4/29/60		26. REGISTRAR'S SIGNATURE John N. Holt			

(Licensed Embalmer's Statement on Reverse Side)

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 J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.