

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-001453**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 147 Primary Registration District No. 4237 Registrar's No. 6

AMENDED

FILED JAN 22 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Iron</b>	a. STATE <b>Mo</b>	b. COUNTY <b>Iron</b>	admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton</b>	Length of stay in 1b <b>14 days</b>	c. CITY OR TOWN <b>Annapolis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's of the Ozarks</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>general delivery</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARTIN WILLIAM WHEAT</b>			4. DATE OF DEATH Month Day Year <b>January 6, 1962</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"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/20/1882</b>
9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>refinisher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>furniture</b>	11. BIRTHPLACE (City and state or country) <b>St. James, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Martin Wheat</b>	
13b. MOTHER'S MAIDEN NAME <b>Caroline Shanke</b>		14. NAME OF HUSBAND OR WIFE <b>Eva Wheat</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>4</b>		16. SOCIAL SECURITY NO. <b>4</b>	
17. INFORMANT <b>Erman Wheat, 1865A S.14, St. Louis, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic pyelitis</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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>1-6-62 11-59</b> to <b>1-6-62</b> and last saw <sup>her</sup> him alive on <b>1-6-62</b> Death occurred at <b>3:50pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Marvin G. Murray MD</b>		22b. ADDRESS <b>Ironton, Missouri</b>	22c. DATE SIGNED <b>1-9-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1/8/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Annapolis Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Annapolis, Mo.</b>
24. FUNERAL DIRECTOR <b>White Funeral Home</b> ADDRESS <b>Ironton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-9-62</b>	26. REGISTRAR'S SIGNATURE <b>Miss. Ann Jones</b>	

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *Arcey White*

Licensed Embalmer No. 3012

P. O. Address Ironton, 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.