

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035229

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 463

DO NOT WRITE ON THIS STUB

AMENDED

<p style="font-size: 18pt; font-weight: bold; color: red;">FILED SEP 24 1962</p> <p>1. PLACE OF DEATH a. COUNTY <u>Jasper</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u></p>				
<p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u></p>		<p>Length of stay in 1b <u>Lifetime</u></p>	<p>c. CITY OR TOWN <u>Joplin</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u></p>			<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (if outside, give location) <u>325 Park Avenue</u></p>		<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <u>BESSIE WHEELER</u></p>				<p>4. DATE OF DEATH Month Day Year <u>September 15, 1962</u></p>		
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>11-7-1887</u></p>	<p>9. AGE (last birthday) <u>74</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Joplin, Mo.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Joseph Ellington</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>Mary Bannister</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Edward J. Wheeler</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>			<p>16. SOCIAL SECURITY NO. <u>None</u></p>		<p>17. INFORMANT Address <u>Edward J. Wheeler, 325 Park Ave., Joplin, Missouri</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u></p>					<p><u>Sudden</u></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>					<p><u>1955</u></p>	
<p>DUE TO (b) <u>Hypertension</u></p>						
<p>DUE TO (c) _____</p>						
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>				
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>						
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>		
<p>21. I attended the deceased from <u>Feb. 3, 1955</u> to <u>Sept. 15, 1962</u> and last saw ^{her} him alive on <u>Sept. 15, 1962</u> Death occurred at <u>2:40 P. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Deceased or title) <u>Edward J. Wheeler</u> M.D.</p>			<p>22b. ADDRESS <u>607 Frisco Bldg, Joplin, Missouri</u></p>		<p>22c. DATE SIGNED <u>9-18-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>9-18-1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park Cem</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>9-19-1962</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u></p>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

321

VS 300 Rev. 4/59

0499
20499

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4	<u>1</u>
5	<u>1</u>
6	
7	<u>0</u>
8	<u>0</u>
9	<u>4201</u>
10	
11	
12	<u>3-0</u>
13	<u>2-0</u>

SEP 24 1962

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 David Hillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.