

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002154

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 52

FILED FEB 4 1963

VS 300
Rev. 4/59

10499

20499

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1290-2

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in (b) 62 yrs		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 517 Sergeant Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 517 Sergeant Avenue	
3. NAME OF DECEASED (Type or print) First MARGARET Middle EMILINE Last WHEELAN		4. DATE OF DEATH Month Day Year January 27, 1963			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-11-1880	9. AGE (last birthday) 82	IF UNDER 1 YEAR 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) Monroe County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Henry Street		13b. MOTHER'S MAIDEN NAME Mary Sabra Huston	
14. NAME OF HUSBAND OR WIFE Albert R. Wheelan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No None			
16. SOCIAL SECURITY NO.		17. INFORMANT Address John W. Wheelan, 517 Sergeant, Joplin, Mo.			
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis					INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last: DUE TO (b) Thrombotic Encephalomalacia					Days
DUE TO (c) Arteriosclerosis					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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"/> None	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.	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 March 27, 1957 to 1-27-63 and last saw her alive on 1-26-63 Death occurred at 11:50 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. L. Stephens M.D.		(Degree or title) D.O.		22b. ADDRESS 211 West 20th St. Joplin, Mo.	
22c. DATE SIGNED 1-28-63					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-29-1963		23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem.	
23d. LOCATION (City, town, or county) Joplin, Mo.		23e. STATE (State)			
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-29-1963	
26. REGISTRAR'S SIGNATURE Dove Merriam					

USE BLACK INK OR TYPEWRITER RIBBON

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.