

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002830
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 7

FILED JAN 8 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Sedalia</i>		c. CITY OR TOWN <i>Sedalia</i>	
Length of stay in lb <i>10 yrs.</i>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <i>Bathwell Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>902 E. 5</i>	
3. NAME OF DECEASED (Type or print) First <i>William S.</i> Middle <i>Wheeler</i> Last <i></i>		4. DATE OF DEATH Month <i>Jan</i> Day <i>3</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <i>9-14-1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Flour</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Flour Mills</i>	
11. BIRTHPLACE (City and state or country) <i>Lifton City, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>James A. Wheeler</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Burke</i>	
14. NAME OF HUSBAND OR WIFE <i>Mannette Schinn</i>		15. ADDRESS <i>6534 Cahunga J.</i>	
16. SOCIAL SECURITY NO. <i>511-07-2281</i>		17. INFORMANT <i>Dorothy Wheeler-Hollywood, Cal</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>PULMONARY EMBOLUS</i> DUE TO (b) <i>EXTENSIVE DECUBITUS ULCERS.</i> DUE TO (c) <i>DEBILITIES OF AGE</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 mos.</i>	
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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i></i> a.m. <i></i> p.m. <i></i>	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>6/27/61</i>		20f. CITY, TOWN, OR LOCATION <i>1/3/63</i>	
21. I attended the deceased from <i>6/27/61</i> to <i>1/3/63</i> and last saw him alive on <i>1/2/63</i> Death occurred at <i>1:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <i>1/4/63</i>	
22a. SIGNATURE <i>M. Anderson</i>		22b. ADDRESS <i>Sedalia, Mo.</i>	
23a. BURNING, CREMATION, REBURYAL (Specify) <i>Remove</i>	23b. DATE <i>Jan. 5, 1963</i>	23c. NAME OF CEMETERY OR CREMATOR <i>Wichita Park</i>	23d. LOCATION (City, town, or county) (State) <i>Wichita, Kans</i>
24. FUNERAL DIRECTOR <i>M. Laughlin Bros - Sedalia Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 4, 1963</i>	
26. REGISTRAR'S SIGNATURE <i>Frances Shelby per M. Anderson</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

K.P.M. Leary

Licensed Embalmer No. 2153

P. O. Address Sedalia 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.