

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014889

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 89

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |
|---|---|
| FILED APR 29 1963   |   |
| <p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Bates</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b> Length of stay in lb <b>16 yrs.</b></p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bates Co. Memorial Hosp</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>   | <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b></p> <p>c. CITY OR TOWN <b>Butler</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>203 Clark</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p>3. NAME OF DECEASED (Type or print) First Middle Last</p> <p><b>Harold Monroe Wheeler</b></p>  | <p>4. DATE OF DEATH Month Day Year</p> <p><b>April 22, 1963</b></p>   |
| <p>5. SEX <b>Male</b></p>   | <p>6. COLOR OR RACE <b>White</b></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 <b>5-12-1919</b></p>  |
| <p>9. AGE (last birthday) <b>43</b></p>   | <p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b></p>  |
| <p>11. BIRTHPLACE (City and state or country) <b>Nebraska</b></p>   | <p>12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b></p>  |
| <p>13a. FATHER'S NAME <b>Rufus Wheeler</b></p>  | <p>13b. MOTHER'S MAIDEN NAME <b>Viola Dooley</b></p>  |
| <p>14. NAME OF HUSBAND OR WIFE <b>Louise Wheeler</b></p>  | <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of serv)</p>  |
| <p>16. SOCIAL SECURITY-NO. <b>[REDACTED]</b></p>  | <p>17. INFORMANT <b>Louise Wheeler</b> Address <b>Butler, Mo.</b></p>   |
| <p>18. CAUSE OF DEATH (Enter only one cause per line - <b>Acute Coronary infarction</b>)</p> <p>PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary infarction</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 checked="" 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 <b>April 21, 1963</b> to <b>April 22, 1963</b> <sup>h</sup> saw him live on <b>April 22, 1963</b></p> <p>Death occurred at <b>3:00P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>   |   |
| <p>22a. SIGNATURE (Degree or title) <b>[Signature]</b></p>  | <p>22b. ADDRESS <b>Butler, Missouri</b></p>   |
| <p>22c. DATE SIGNED <b>4-23-63</b></p>  |   |
| <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b></p>   | <p>23b. DATE <b>4-25-1963</b></p>   |
| <p>23c. NAME OF CEMETERY OR CREMATORY <b>Blue Rapids</b></p>  | <p>23d. LOCATION (City, town, or county) <b>Blue Rapids, Kansas</b></p>   |
| <p>24. FUNERAL DIRECTOR <b>Culver-Underwood</b> ADDRESS <b>Butler, Mo.</b></p>  | <p>25. DATE RECD. BY LOCAL REG. <b>4-24-63</b></p>  |
| <p>26. REGISTRAR'S SIGNATURE <b>[Signature]</b></p>   |   |

USE BLACK INK OR TYPEWRITER RIBBON

AUG 30 1963

**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 Robert B. Steinbuch

Licensed Embalmer No. 4657

P. O. Address Burlington, 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.