

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **43793**

BIRTH NO. _____		REG. DIST. NO. 349		PRIMARY REG. DIST. NO. 6181		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SULLIVAN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PENN TOWNSHIP		c. LENGTH OF STAY (in this place) 2-MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GREEN CITY (RURAL)		PENN	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1050			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) M		c. (Last) WHEELER	
4. DATE OF DEATH		(Month) DEC		(Day) 12		(Year) 51	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT 25 1949	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY LABORER RETIRED		11. BIRTHPLACE (State or foreign country) SULLIVAN CO MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LISH WHEELER		13b. MOTHER'S MAIDEN NAME HANNAH WEST		14. NAME OF HUSBAND OR WIFE MARYANN WHEELER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Shawville Creamery ADDRESS Green City			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 YEAR 9 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from OCT 13, 1951 , to Dec 12, 1951 , that I last saw the deceased alive on Dec 12, 1951 , and that death occurred at 1:34A m., from the causes and on the date stated above.							
23a. SIGNATURE R.D. Smith (Degree or title) MO				23b. ADDRESS Green City, Mo		23c. DATE SIGNED Dec 13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 13-51		24c. NAME OF CEMETERY OR CREMATORY Mt Zion		24d. LOCATION (City, town, or county) (State) Sullivan Co Mo	
DATE REC'D BY LOCAL REG. Dec 15 1951		REGISTRAR'S SIGNATURE Laura M. Battlett		25. FUNERAL DIRECTOR'S SIGNATURE Biggs & Son		ADDRESS Melrose	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 18 1951

DISTRICT HEALTH OFFICE 12

District File Number 12-57-22

Date Filed: DEC 19 1951

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____
Student Embalmer No. _____

Licensed Embalmer No. 3792

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.