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

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8888

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>2127</u>		Registrar's No. <u>53</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (In this place) <u>45 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		d. STREET ADDRESS (If rural, give location) <u>614 North Webb Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 North Webb St.</u>				d. STREET ADDRESS (If rural, give location) <u>614 North Webb Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> b. (Middle) _____ c. (Last) <u>Wheeler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 27, 1863</u>		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR <u>8</u> Months <u>14</u> Days		IF UNDER 24 HRS. _____ Hours _____ Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Decaturville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frederick T. Hunter</u>			13b. MOTHER'S MAIDEN NAME <u>Calpurnis Carter</u>			14. NAME OF HUSBAND OR WIFE <u>✓</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flora Oden</u> ADDRESS <u>Webb City, Mo.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive pneumonia</u> DUE TO (c) <u>Coronary occlusion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>1 wk</u> <u>2 wks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) _____		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 <u>Mar 2, 1949</u> , to <u>Mar 10, 1949</u> , that I last saw the deceased alive on <u>Mar 10, 1949</u> , and that death occurred at <u>10:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Orval J. Needels M.D.</u>				23b. ADDRESS <u>Webb City Mo</u>		23c. DATE SIGNED <u>Mar 12-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>MCH 12 1949</u>		REGISTRAR'S SIGNATURE <u>J.L. Fitchett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis</u>		ADDRESS <u>Webb City, Mo.</u>		

Heinrich

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.

Signed.....

Richard Gray Lee

Signed.....

Student Embalmer

Licensed Embalmer No. _____

4405

P. O. Address _____

Webb City

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.