No. 300
10-48

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23222

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5528 Registrar's No. 20

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

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weaubleau - Montgomery
c. LENGTH OF STAY (in this place): 88 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi N. East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weaubleau (Rural - Montgomery)
d. STREET ADDRESS (If rural, give location): 5 miles N. East

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3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Lee
c. (Last): Wheeler

4. DATE OF DEATH (Month) (Day) (Year): July 9 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb - 5 - 1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 5, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock Farmer
11. BIRTHPLACE (State or foreign country): Hickory County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edmound Wheeler
13b. MOTHER'S MAIDEN NAME: Ellen Estes
14. NAME OF HUSBAND OR WIFE: Lena Leota Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Leota Wheeler - Weaubleau, Mo — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility — 331X

19a. DATE OF OPERATION: ~~July 18-1949~~
19b. MAJOR FINDINGS OF OPERATION: ~~W. P. Hargiss~~
20. AUTOPSY? YES ☐ NO ☒

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): Montgomery, Hickory, Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 14, 1949, *to* July 9, 1949, *that I last saw the deceased alive on* July 8, 1949, *and that death occurred at* 12:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Buggs, V.D.O.
23b. ADDRESS: Wheatland, Mo.
23c. DATE SIGNED: 7-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-11-1949
24c. NAME OF CEMETERY OR CREMATORY: Butcher Cemetery
24d. LOCATION (City, town, or county) (State): Hickory County, Mo

DATE REC'D BY LOCAL REG.: July-19-49
REGISTRAR'S SIGNATURE: W. P. Hargiss
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25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Gilbert Hathaway, Wheatland, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-49-90
Date Filed 8-16-9

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 .....
Student Embalmer

Signed Chas Gilbert Hathaway
Licensed Embalmer No. 4267
P. O. Address Wheatland, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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