

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42188

State File No.

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6067 Registrar's No. 576

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write <u>Speedwell township</u>) OR TOWN <u>Schell City (Rural)</u> LENGTH OF STAY (in this place) <u>49 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola (Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Speedwell Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Wheeler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11/13/49</u>
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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>July 8/1875</u>	9. AGE (In years less birthday) <u>74</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Clair County Mo: 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Wisner</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Garrison</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Wheeler</u> ADDRESS <u>Osceola Mo:</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>10 yrs.</u> <u>10 yrs.</u> <u>2 1/2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>renal arterio-sclerosis</u> DUE TO (c) <u>nephritis</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured right hip</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>332X</u>
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 9-25, 1949, to 11-13, 1949, that I last saw the deceased alive on 11-10, 1949, and that death occurred at 6: A m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. H. O'Anglin, Jr.</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Osceola, Mo.</u>	23c. DATE SIGNED <u>11-13-49.</u>
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	24b. DATE <u>11/15/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 30-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Osceola Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

309
48

3003

RECEIVED
District Health Officer No.
District File Number 12-49-1
Date Filed 1-3-50

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 J B Goodrich

Signed _____
Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Osceola Mo

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

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