

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17762

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 63

0.82
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Pike County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	c. LENGTH OF STAY (If this place) 4 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 4534	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co unty H spital		d. STREET ADDRESS (If rural, give location) 204I Yale	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Fuller c. (Last) Wheat			4. DATE OF DEATH (Month) (Day) (Year) May 13, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 6, 1922		9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months II	IF UNDER 24 HRS. Days 7	Hours 7	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Electrician		11. BIRTHPLACE (State or foreign country) Chicago Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Joseph H. Wheat		13b. MOTHER'S MAIDEN NAME Margaret Powers		14. NAME OF HUSBAND OR WIFE single	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #2		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Ramon Wheat		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Lacerations of the Brain INTERVAL BETWEEN ONSET AND DEATH several hrs			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. # 8234 32			

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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pike Co., Mo. Near Bowling Green, Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 13, 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? R.O.V.	
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22. I hereby certify that I attended the deceased from **5-13, 1950**, to **5-13, 1950**, that I last saw the deceased **live on 5-13, 1950**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 5/14/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/16/50		24c. NAME OF CEMETERY OR CREMATORY Clarksville Cemetery		24d. LOCATION (City, town, or county) (State) Clarksville, Mo.	
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DATE REC'D BY LOCAL REG. May 16, 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Eolia, Mo.	
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MAY 26 1950

Office No. 10

MAY 20 1950

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MAY 26 1950

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.

Signed.....
Student Embalmer

Signed *George O. Wagner*
Student Embalmer No.....
Licensed Embalmer No. 3773

P. O. Address Louisiana, 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 this body is not embalmed, fact should be so stated above.