No. 300
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FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29265

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4551 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hartville
c. LENGTH OF STAY (in this place): 18 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hartville 1140
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 50

5. SEX: M 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 12-11-1886
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 8 Days 11 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Plato, Mo 0
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: George Wheeler
13b. MOTHER'S MAIDEN NAME: Matilda West
14. NAME OF HUSBAND OR WIFE: Maude Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Nuknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maude Wheeler — ADDRESS: Hartville, Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Shock	8-22-50
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Internal injuries	8-22-50
DUE TO (c)	to lower abdomen	68234
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		32

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 114
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.): On Mo. Highway 38 East
21c. (CITY, TOWN, OR TOWNSHIP) Hart. (COUNTY) Wright (STATE) Mo.
21d. TIME OF INJURY (Month) Aug. (Day) 22 (Year) 1950 (Hour) 4 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident RBK.

22. *I hereby certify that I attended the deceased from* 8-22, 1950, *to* 8-22, 1950, *that I last saw the deceased alive on* 8-22, 1950, *and that death occurred at* 5:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Worthey DD
23b. ADDRESS: Hartville Mo
23c. DATE SIGNED: 8-23-50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 8-25-1950
24c. NAME OF CEMETERY OR CREMATORY: Hensley Cemetery
24d. LOCATION (City, town, or county) (State): Mansfield, Mo.

DATE REC'D BY LOCAL REG.: 9/1/50
REGISTRAR'S SIGNATURE: E. J. Farner 346 0
25. FUNERAL DIRECTOR'S SIGNATURE: Gene E Holdren — ADDRESS: Hartville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO.
County File Number 950-110
Date Filed Sept 9, 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 ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.