

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34312**

No. 300  
10-28

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5906** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <b>Mo.</b> b. COUNTY <b>New Madrid</b>	
b. CITY OR TOWN <b>Rural, Little River</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Postage 0720</b>	
c. LENGTH OF STAY (in this place) <b>yr.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillie</b> b. (Middle) <b>Bell</b> c. (Last) <b>Wheeler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 17 1950</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 30, 1876</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTH PLACE (State or foreign country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Dave Weaver</b>		13b. MOTHER'S MAIDEN NAME <b>H.K.</b>		14. NAME OF HUSBAND OR WIFE <b>William James Wheeler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clude Wheeler, Kennett, Mo.</b>			

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>10 mths</b> <b>190X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant tumor of kidney</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <b>Little River, Mo. Lincoln Mo.</b>
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 **March**, 19**50**, to **Oct 17**, 19**50**, that I last saw the deceased alive on **Oct 10**, 19**50**; and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. B. Painter Jr. M.D.</b>		23b. ADDRESS <b>Postageville, Mo.</b>		23c. DATE SIGNED <b>10-25-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>Oct 29, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Friends</b>	24d. LOCATION (City, town, or county) (State) <b>Greene Co., Ark.</b>		
DATE REC'D BY LOCAL REG. <b>10-30-50</b>	REGISTRAR'S SIGNATURE <b>John W. German</b>	<b>406</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. A. Saly, Rector, Ark.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

780

10-50-280

OCT 31 RECD  
S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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 Don M. Guide

Signed.....  
Student Embalmer

Licensed Embalmer No. 396

P. O. Address Preston, Ark.

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.