

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11294

FILED JAN 2 1951

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 1249 Registrar's No. 65

| | | | |
|--------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>0500</u> | |
| b. CITY OR TOWN <u>Hillsboro, Missouri.</u> | | c. CITY OR TOWN <u>Hillsboro, Missouri.</u> | |
| c. LENGTH OF STAY (in this place) <u>2 years</u> | | d. STREET ADDRESS (If rural, give location) <u>Cedar Grove Nursing Home.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|-------------------------------------|-------------------------|--------------------------|---------------------------|---------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>HENRY</u> | b. (Middle) <u>FRANK</u> | c. (Last) <u>WHEELER.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13, 1950.</u> |
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| 5. SEX <u>Male W</u> | 6. COLOR OR RACE <u>White.</u> | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u> | 8. DATE OF BIRTH <u>? unk.</u> | 9. AGE (In years last birthday) <u>86.</u> | IF UNDER 1 YEAR Months Days | IF UNDER 12 HRS. Hours Min. |
|----------------------|--------------------------------|------------------------------------------------------------------------|--------------------------------|--------------------------------------------|-----------------------------------|-----------------------------------|

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|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired.. Clothing Salesman.</u> | 10b. KIND OF BUSINESS <u>?</u> | 11. BIRTHPLACE (State or foreign country) <u>Bowling Green, Kentucky. /</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|

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|---------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|
| 13a. FATHER'S NAME <u>Franklin Wheeler.</u> | 13b. MOTHER'S MAIDEN NAME <u>Cornelia Buchanan.</u> | 14. NAME OF HUSBAND OR WIFE <u>Virginia White Wheeler.</u> |
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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) <u>no.</u> | 16. SOCIAL SECURITY NO. <u>?</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Hy T. Wheeler, 1031 Francis Plc.</u> | 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, asthma, 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) <u>Pneumonia, both lower lobes.</u> | | <u>10 days</u> |
| | 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. <u>Senility with dementia.</u> | | <u>2 years.</u> | |

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| 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) |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|

| | | |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 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 Dec 11, 1950 to Dec 13, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 10:30 Am., from the causes and on the date stated above.

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|----------------------------------------------------------------|--------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Thomas C. Donnell M.D.</u> | 23b. ADDRESS <u>Desoto, Mo</u> | 23c. DATE SIGNED <u>12-15-50</u> |
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|----------------------------------------------------------|---------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>12/14/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pulaski, Tennessee Cemetery.</u> | 24d. LOCATION (City, town, or county) (State) <u>Pulaski, Tenn.,</u> |
|----------------------------------------------------------|---------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|

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|-------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------|---------|
| DATE REC'D BY LOCAL REG. <u>Dec 14-50</u> | REGISTRAR'S SIGNATURE <u>Katherine Menden</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton & Sons, 7233 Delmar Blvd.,</u> | ADDRESS |
|-------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------|---------|

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

No. 300
10.48
0500
4

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 12-21-52

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.

Student Embalmer No.

Signed Melvin J. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 405-2

P. O. Address St. Louis, 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.