

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11560**

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTRALIA-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTRALIA 0100</u>	
c. LENGTH OF STAY (in this place) <u>YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>Vine St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vine St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>S.</u> c. (Last) <u>WHEELER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 6-1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>JAN. 30-1876</u>	9. AGE (In years last birthday) <u>75</u>	10. MONTHS <u>3</u> 11. DAYS <u>6</u> 12. UNDER 18 AGE Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>FRANK Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>RICHARDSON</u>		14. NAME OF HUSBAND OR WIFE <u>ROSA Wheeler</u>	
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Wheeler, CENTRALIA, Mo.</u>	

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) <u>Hypostatic Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>			<u>114 hrs</u>
		DUE TO (c) <u>CardioRenal Syndrome</u>			<u>several years</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			<u>several years</u>

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, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT _____ NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 12-19-50, to 5-6-51, 19____, that I last saw the deceased alive on 5-6-51, 19____, and that death occurred at 6:45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Rosa Wheeler, D.D.</u>		23b. ADDRESS <u>Centralia, Mo.</u>		23c. DATE SIGNED <u>5-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>May 7-1951</u>		REGISTRAR'S SIGNATURE <u>Maud M. Brubaker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul R. Ballou, Centralia, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-14-61

DISTRICT HEALTH OFFICÉ No. 3

District File Number _____

Date Filed 5-14-61

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 Paul G. Ballou

Signed.....
Student Embalmer

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.