

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24053

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 597 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R # 3 Bolivar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R # 3 Bolivar	
c. LENGTH OF STAY (in this place) 69		d. STREET ADDRESS (If rural, give location) 0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Cashius b. (Middle) M. c. (Last) Wheeler			4. DATE OF DEATH (Month) (Day) (Year) 6/22/51		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/5/69	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky	
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Wheeler		13b. MOTHER'S MAIDEN NAME Louisa Warren		14. NAME OF HUSBAND OR WIFE Fannie	
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 Mrs Fannie Wheeler Home	

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) Circulatory collapse		INTERVAL BETWEEN ONSET AND DEATH 8 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation		6 mo.	
		DUE TO (c) Coronary occlusion		2 years?	
		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 4201		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 September 1950, to June 22, 1951, that I last saw the deceased alive on June 22, 1951, and that death occurred at 3:40 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i> M.D.		23b. ADDRESS Bolivar, Mo.		23c. DATE SIGNED 6/25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/24/51		24c. NAME OF CEMETERY OR CREMATORY Flemington Cemetery	
		24d. LOCATION (City, town, or county) (State) Flemington Mo.			

DATE REC'D BY LOCAL REG. June 28, 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Primm Funeral Home Humansville, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

840

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

7 1951

RECEIVED JUL 5 1951
Dist. File 221-1323
Date Filed 5-13-51

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 *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Hamansville*

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.