

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41106

State File No. ....

BIRTH NO. 12-19-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4155 Registrar's No. 50

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dade</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> |  |
| b. CITY. (If outside corporate limits, write RURAL and give township)<br><u>Everton</u>   |  | c. CITY. (If outside corporate limits, write RURAL and give township)<br><u>Everton</u>  |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location)<br><u>West Part Town</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>West Part Town</u> |  |  |  |

3. NAME OF DECEASED (Type or Print)  
a. (First) Florence b. (Middle) Wheeler c. (Last) Wheeler 4. DATE OF DEATH (Month) (Day) (Year)  
Dec. 15-19515. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct 4-1895 9. AGE (In years last birthday) 76 10. MONTHS 2 11. DAYS 11 12. IF UNDER 1 YEAR Hours 11 Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping 11. BIRTHPLACE (State or foreign country) Dade Co. Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.13a. FATHER'S NAME William Davis 13b. MOTHER'S MAIDEN NAME Isabel Whetsell 14. NAME OF HUSBAND OR WIFE Montie Wheeler15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give year or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Montie Wheeler ADDRESS Everton Mo

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Heart Attack</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u> |  |                                  |
|   | DUE TO (c)  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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  NO 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) 434-321d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?22. I hereby certify that I attended the deceased from Dec 15, 1951 to Dec 15, 1951, that I last saw the deceased Dec 15, 1951, and that death occurred at 3:50 p.m., from the causes and on the date stated above.23a. SIGNATURE (Degree or title) R. W. New Carver 23b. ADDRESS Lockwood Mo 23c. DATE SIGNED Dec. 18-195124a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec 18 1951 24c. NAME OF CEMETERY OR CREMATORY Sinking Creek 24d. LOCATION (City, town, or county) (State) Near Everton MoDATE REC'D BY LOCAL REG. 12-18-51 REGISTRAR'S SIGNATURE Lee P. Wedel 25. FUNERAL DIRECTOR'S SIGNATURE W. Birch ADDRESS Ash Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED | DEC 26 1951  
Dist. File 1237-3203  
Date Filed 12-28-51

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 JWB Birch.....

Licensed Embalmer No. 3856.....

P. O. Address Ash Grove Md.....

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.