

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43730

State File No.

FILED JAN 3 1952

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 6091 Registrar's No. 35

9970

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

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SALINE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Saltpond</u>		c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saltpond 0970</u>		d. STREET ADDRESS (If rural, give location) <u>1/8 mile N. of Sweet Springs 1/8 mi north of Sweet Springs</u>
3. NAME OF DECEASED (Type or Print) <u>CLARENCE</u>			a. (First) <u>Willie</u>	b. (Middle) <u>WHEELER</u>	c. (Last) <u>WHEELER</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 16 1885</u>		9. AGE (In years last birthday) <u>66</u> Months <u>7</u> Days <u>8</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Ann Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>MARY B. 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>487-07-0784</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY B. Wheeler, Sweet Springs, Mo.</u>	
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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>coronary artery disease</u>			DUE TO (b) <u>myocardial failure</u>			<u>2-3 min.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>arteriosclerotic heart disease?</u>			<u>12 mo.</u>
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 <u>4200</u>		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 Jan 1950 to 24 Dec 1951, that I last saw the deceased alive on 22 Dec 1951, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph H. Jones M.D.</u>		23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>12/24/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sweet Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/26/51</u>	REGISTRAR'S SIGNATURE <u>Dalley Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edgar Mosley Sweet Springs, Mo.</u>	
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RECEIVED 12-31-51

JUN 26 1952

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 1-2-52 -----

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 -----

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed Edgar L. Moseley
Licensed Embalmer No. 4711

P. O. Address Sweet Springs, 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.