

STANDARD CERTIFICATE OF DEATH

334

State File No.

FILED JAN 28 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Buchanan <u>0117</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 5 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		<u>0117</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			d. STREET ADDRESS (If rural, give location) 2504 So. 10th St. <u>0</u>		

3. NAME OF DECEASED (Type or Print) a. (First) ALLEN b. (Middle) PERRY c. (Last) WHEELER			4. DATE OF DEATH Jan. 16, 1952 (Month) (Day) (Year)		
---	--	--	--	--	--

5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 14, 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
----------------------	------------------------	--	--------------------------------	------------------------------------	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.	11. BIRTHPLACE (State or foreign country) Berryville, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	---	---	--	--------------------------------------

13a. FATHER'S NAME Ruben Wheeler		13b. MOTHER'S MAIDEN NAME Faith Rose		14. NAME OF HUSBAND OR WIFE Hettie Wheeler	
-------------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-28-1308	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hettie Wheeler 2504 So. 10th St.			
--	--	---	--	--	--

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>Uremia,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis,</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 years.</u>
---	--	--	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 15, 1951, to Jan 16, 1952, that I last saw the deceased alive on Jan 16, 1952, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Ferguson</u>		(Degree or title)	23b. ADDRESS <u>420 N. 82nd St. Joseph, Mo.</u>	23c. DATE SIGNED <u>1/18/52</u>
---	--	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Crane Cemetery	24d. LOCATION (City, town, or county) (State) Crane, Mo.	
---	----------------------------	--	---	--

DATE REC'D BY LOCAL REG. Jan 22, 1952	REGISTRAR'S SIGNATURE <u>Carl C. Coopey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl K. Clark</u>	ADDRESS 1201 Illinois	
--	--	--	--------------------------	--

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

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 Earl A. Clark

Signed
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.