

STANDARD CERTIFICATE OF DEATH

State File No. 12679

APR 21 1952

REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 5465

Registrar's No. 387

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) N. TOWN Springfield, 2 weeks		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Springfield, 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 4		d. STREET ADDRESS (If rural, give location) 732 S. New			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Edna		c. (Last) Wheelock	
4. DATE OF DEATH (Month) (Day) (Year) April 17, 1952		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH November 5, 1866		9. AGE (In years last birthday) IF UNDER 1 YEAR 85 4 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Greinnell, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harrison Wheelock		13b. MOTHER'S MAIDEN NAME Cynthia Sherman	
14. NAME OF HUSBAND OR WIFE Single		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. NO.	
17. INFORMANT'S SIGNATURE OR NAME Mr. F. S. Harra		ADDRESS Springfield, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 7 months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychoses			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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 Jan, 1952, to April 17, 1952, that I last saw the deceased alive on 4-16-52, and that death occurred at 5:15 pm, from the causes and on the date stated above.					
23. SIGNATURE Nestor Wallerstein, M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 4-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-18-52		24c. NAME OF CEMETERY OR CREMATORY Grinnell, Iowa	
24d. LOCATION (City, town, or county) (State) Grinnell, Iowa		DATE REC'D BY LOCAL REG. 4-18-52		REGISTRAR'S SIGNATURE James P. [unclear], M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf Funeral Home		ADDRESS Springfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0350

1-1-1
1961 S I NNC

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 *John B. May* _____

Licensed Embalmer No. *5885* _____

P. O. Address *Springfield, 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.