

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21445

State File No.

JUL 9 1952

BIRTH NO.

REG. DIST. NO. 274PRIMARY REG. DIST. NO. 5930Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hughesville</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>Hughesville</u>		<u>0800</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #1</u>			d. STREET ADDRESS (If rural, give location) <u>Route #1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>WHEELER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1952</u>		5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 21, 1870</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Pettis County</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Jesse Swope</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Lower</u>	
14. NAME OF HUSBAND OR WIFE <u>Chas. Leslie Wheeler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Marion Wheeler, Hughesville, Mo</u>		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo-carditis Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 yrs</u>		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>		DUE TO (c)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <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) m.		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 <u>about 1947</u> , to <u>June 25, 1952</u> , that I last saw the deceased alive on <u>June 25, 1952</u> and that death occurred at <u>9:00 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. L. Walter MD</u>		23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>June 30, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		DATE REC'D BY LOCAL REG. <u>6/30/52</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell MD</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. Heckart</u>		ADDRESS <u>Sedalia, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

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..... *W. Heckart*

Licensed Embalmer No. *46-13470*

P. O. Address *Bellevue, 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.