

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1131

State File No.

FILED JAN 20 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 64

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | |
| c. LENGTH OF STAY (In this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>914 South New</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>E</u> c. (Last) <u>WHEELER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 20 1953</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec 2, 1882</u> | | 9. AGE (In years last birthday) <u>70</u> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Owner-Operator Retail Grocery</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Corning, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs Tresa Wheeler</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Tresa Wheeler, Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Primary atypical</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u> |
| | 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. <u>492X</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 1-17, 1953, to 1-20, 1953, that I last saw the deceased alive on 1-19, 1953, and that death occurred at 3:20 P. M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | 23b. ADDRESS <u>[Address]</u> | 23c. DATE SIGNED <u>1-21-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 22, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-22-53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Rev</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

2396
U

or John W.

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.....

Carl J. Glenn

Licensed Embalmer No. *4207*

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.