

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13960**

FILED APR 21 1953

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5026** Registrar's No. **30**

430
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HICKORY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HICKORY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN QUINCY-MONTGOMERY-TS		c. LENGTH OF STAY (In this place) 80 YEARS	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN QUINCY-MONTGOMERY-TS		d. STREET ADDRESS (If rural, give location) 1 1/2 MI WEST OF QUINCY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 MI WEST OF QUINCY			
3. NAME OF DECEASED (Type or Print) a. (First) EVERETT b. (Middle) ADOLPHUS c. (Last) WHEELER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 7 1953
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 20 1873
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 0 Days 17	IF UNDER 11 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL-FARMING	11. BIRTHPLACE (State or foreign country) QUINCY MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Thomas Wheeler		13b. MOTHER'S MAIDEN NAME RUTH THOMPSON	14. NAME OF HUSBAND OR WIFE CECIL 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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CECIL WHEELER-QUINCY 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ III. 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 4222	
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) (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 July , 1952, to April 7, 1953 , that I last saw the deceased alive on March 31, 1953 , and that death occurred at 2:06 P.M., from the causes and on the date stated above.			
23a. SIGNATURE H. J. Robinson M.D.		23b. ADDRESS Hemouville Mo.	23c. DATE SIGNED 4/8/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 9 1953	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY
		24d. LOCATION (City, town, or county) (State) WEAVER MO	
DATE REC'D BY LOCAL REG. 4-17-1953		REGISTRAR'S SIGNATURE Mary Johnson	464 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter W. ...

NOV 18 1953

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 *Chas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Westland, Mich*

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.