

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16874

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>86</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>					b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Kalla</u>		c. LENGTH OF STAY (in this place) <u>12 da.</u>		c. CITY OR TOWN <u>Licking</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Memorial Hospital</u>			STREET ADDRESS (If rural, give location) <u>1070 1</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joel</u>			b. (Middle) <u>Malcolm</u>		c. (Last) <u>Wheeler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 14 1874</u>		9. AGE (In years last birthday) <u>80</u>	10. IF OVER 1 YEAR Days	11. IF UNDER 1 WRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Mase</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sherrill Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William F. Wheeler</u>			13b. MOTHER'S MAIDEN NAME <u>Wheeler</u>		14. NAME OF HUSBAND OR WIFE <u>Mary D. Wheeler (Deceased)</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. L. Wheeler</u>				ADDRESS <u>Licking 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>Cardio-vascular disease with uremia</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis admodum</u>							
		DUE TO (c) _____							
		II. 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 <u>4/4/2 X</u>						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 <u>4/29 1954</u> to <u>5/10 1954</u> , that I last saw the deceased alive on <u>5-10 1954</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edna R. Jeffers</u>				23b. ADDRESS <u>Kalla Mo.</u>		23c. DATE SIGNED <u>4/19/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/12/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bentley Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps Mo</u>				
DATE REC'D BY LOCAL REG. <u>May 12, 1954</u>		REGISTRAR'S SIGNATURE <u>Dadina L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u>				ADDRESS <u>Licking Mo</u>	

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

JUL 12 1954

MAY 21 1954

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.....
Signature of Student Embalmer

Signed Erbert E. Ferguson

Licensed Embalmer No. 394

P. O. Address Rocky

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.