

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41632**

FILED DEC 28 1954

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|---|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>184</u> | | PRIMARY REG. DIST. NO. <u>3038</u> | | Registrar's No. <u>464</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | | | |
| b. CITY (If outside corporate limits write RURAL and give township) <u>Brookfield</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits write RURAL and give township) <u>Brookfield</u> | | 0582 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>413 So Clinton</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Arch</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>Wheeler</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21 1954</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>May 18 1899</u> | | 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u> | | IF UNDER 24 HRS. Hours <u>3</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Janitor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Calvin Wheeler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Etta Wheeler</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Etta Wheeler</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4201 | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James B. McClard Coroner</u> | | | | 23b. ADDRESS <u>Brookfield Mo</u> | | 23c. DATE SIGNED <u>12/22/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec 23</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>12-23-54</u> | | REGISTRAR'S SIGNATURE <u>Nadine Stambach</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James Bowden</u> | | ADDRESS <u>Brookfield Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Horner Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield 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.