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FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26826

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

BIRTH NO.		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4272		Registrar's No. 53			
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Lafayette					
b. CITY OR TOWN Waverly		c. LENGTH OF STAY (in this place) lifetime		c. CITY OR TOWN Waverly		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 At the home-Waverly, Mo.				No. STREET ADDRESS (If rural, give location) None					
3. NAME OF DECEASED (Type or Print) Marguerite Davis Wheeler			4. DATE OF DEATH (Month) (Day) (Year) Aug. 7 1955						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4 1888		9. AGE (in years birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Waverly, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Will Webb Davis Sr.		13b. MOTHER'S MAIDEN NAME Sally Baer		14. NAME OF HUSBAND OR WIFE James B. Wheeler SR.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no		16. SOCIAL SECURITY NO. 49736-6PG1B		17. INFORMANT'S SIGNATURE OR NAME James B. Wheeler Sr.		ADDRESS Waverly, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 10 hours.		
				ANTECEDENT CAUSES DUE TO (b) cardio vascular renal disease			45 years.		
				DUE TO (c) hypertrophic arthritis generalized severe.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201									
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) (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 1947 , 19___, to August 7, 1955 , that I last saw the deceased alive on Aug. 7, 1955 , and that death occurred at 1:00P m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Jordan S. Kelling M.D.				23b. ADDRESS Waverly, Missouri		23c. DATE SIGNED 8/9/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery		24d. LOCATION (City, town, or county) (State) Waverly, Missouri			
DATE REC'D BY LOCAL REG. Aug 9-1955		REGISTRAR'S SIGNATURE Clayton W. Lundrum 154-0		25. FUNERAL DIRECTOR'S SIGNATURE Barley Funeral Home - Waverly, Mo		ADDRESS			

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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 Signature of Student Embalmer

Signed... *Morris D. Bailey* ...

Licensed Embalmer No. *4288*

P. O. Address *Talaneh, ...*

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.