

STANDARD CERTIFICATE OF DEATH

State File No. **7982**

FILED APR 4 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 3003 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Monett</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 Mos.</u>		f. STREET ADDRESS (If rural, give location) <u>913 Third St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Wheeler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 28, 1879</u>
9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Days <u>1</u> Hours <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traffic. Repr.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Company</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Fredericktown, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>O.B. Wheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Addie Cora Gilman</u>	14. NAME OF HUSBAND OR WIFE <u>Sister--Mrs. E. Ross Laker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.#1</u>	16. SOCIAL SECURITY NO. <u>442-01-1713</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. Ross Laker, Monett, Mo.</u> ADDRESS _____

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral aneurysm</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cerebral</u> <u>tensive degenerative X Ray</u> DUE TO (c) _____		<u>4 yrs</u> <u>5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peritonitis of stomach</u>		<u>2 yrs</u>	

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) <u>231X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 1-24, 1955, to 3-18, 1956 that I last saw the deceased alive on 3-18, 1956 and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert H. Doolittle M.D.</u>	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>3-19-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-20-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	DATE REC'D BY LOCAL REG. <u>3-20-56</u> REGISTRAR'S SIGNATURE <u>Mrs. P.D. Cook</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mercer Funeral Home, Monett, Mo.</u> ADDRESS _____	

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

**BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.**

NO. 456-63

DATE REC. 4-2-56

APR 5

1956

**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 Roy H. Mercer

Licensed Embalmer No. 4432

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