

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9821

FILED MAR 27 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Hannibal</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>19 Myers Row</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> d. STREET ADDRESS (If rural, give location) <u>19 Myers Row</u>	
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3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>GILBERT</u> c. (Last) <u>WHEELER</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-56</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March 27-1914</u>	9. AGE (In years last birthday) <u>41</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours	# UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (If no kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bevier Mo</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Ely Wheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Ely & Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Wheeler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Wheeler 19 Myers Row</u>
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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>gunshot wound</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) _____		INTERVAL BETWEEN ONSET AND DEATH
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Mo</u>
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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?
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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 10:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>JM O'Donnell Coroner</u>	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>3-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 18-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>
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DATE RECD BY LOCAL REG. <u>3-22-56</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By Walter E. Roberts</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo E Roberts</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 26 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED MAR 26 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 _____

Edmund E. Robinson

Student Embalmer No. 524

working under my personal supervision.

Student Edmund E. Robinson
Student Embalmer

Signed Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Harrodsburg, Ky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.