

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12184

State File No. _____

BIRTH NO. **FILED APR 9 - 1956** REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4552** Registrar's No. **152**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Wright	
b. CITY OR TOWN MORWOOD		c. CITY OR TOWN MORWOOD	
c. LENGTH OF STAY (In this place) LIFE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MANSFIELD HOSPITAL		e. STREET ADDRESS (If rural, give location) 1140	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Ann c. (Last) WHEELER			4. DATE OF DEATH (Month) (Day) (Year) March 1, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 10, 1858		9. AGE (In years last birthday) 97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Buchanan Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John W. Matucks		13b. MOTHER'S MAIDEN NAME ELIZABETH HALL		14. NAME OF HUSBAND OR WIFE ALBERT WHEELER	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Mrs Grace Bears ADDRESS MORWOOD, MISSOURI	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Senile cardiac failure		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Senile cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis of femoral artery		4 days	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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 **Feb 25, 1956**, to **Mar 1, 1956**, that I last saw the deceased alive on **Mar 1, 1956**, and that death occurred at **9:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James L. Holmes D.O.		23b. ADDRESS Windsfield, Mo		23c. DATE SIGNED 3/3/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/4/1956		24c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery	
				24d. LOCATION (City, town, or county) (State) MORWOOD, MISSOURI	

DATE REC'D BY LOCAL REG. 3/23/56		REGISTRAR'S SIGNATURE John R. ...		25. FUNERAL DIRECTOR'S SIGNATURE Gene ... ADDRESS ...	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

300
48

Date Filed
APR 6 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 *George Stoffe*.....

Licensed Embalmer No. *316*.....

P. O. Address *Mt. Pleasant*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.