

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14159

State File No.

Dr. Cain
C. FILED MAY 7 1956

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Caruthersville</u>	c. LENGTH OF STAY (in this place) <u>6 1/2 yrs</u>	c. CITY OR TOWN <u>Caruthersville</u>	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		e. STREET ADDRESS (If rural, give location) <u>706 Franklin Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>S</u> c. (Last) <u>Wheatley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-1-1883</u>
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>17</u> Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David L. Wheatley</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Wheatley</u>	
14. NAME OF HUSBAND OR WIFE <u>Carrie Wheatley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie Wheatley</u> ADDRESS <u>Caruthersville</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331x	
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 <u>4-18, 1956</u> to <u>4-18, 1956</u> that I last saw the deceased alive on <u>4-18, 1956</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Cain M.D.</u> (Degree of Title)		23b. ADDRESS <u>Caruthersville Mo</u>	
23c. DATE SIGNED <u>4/20/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>4-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Samson and Co. Steub Mo</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>5-2-1956</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Welke</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5-115-56

MAY 3 1956

BERNARD COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. German*.....

Licensed Embalmer No. *435*.....

P. O. Address *Hayti, 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.