

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

**23157**

State File No. \_\_\_\_\_

**FILED JUL 23 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> c. CITY OR TOWN <u>Liberty</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty - Rural</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I. O. O. F. Home</u>		STREET ADDRESS (If rural, give location) <u>200 F Home 6000</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARVEY</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>WHEELER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 6, 1956</u>
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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>Aug. 7, 1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MKT R R</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>C. B. Wheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>Luvina Wheeler (Deceased)</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George A. Wheeler, Mercedes, Texas</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, asthenia, 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>Arteriosclerosis</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. <u>Fracture of hip</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>2 weeks ago, Fractured 4500 F</u>	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) (m.) _____	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 \_\_\_\_\_, 1956 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on July 5, 1956 and that death occurred at 7:40 P M. from the causes and on the date stated above.

23a. SIGNATURE <u>Wm H Goodson</u> (Degree or title)	23b. ADDRESS _____	23c. DATE SIGNED <u>7/7/56</u>
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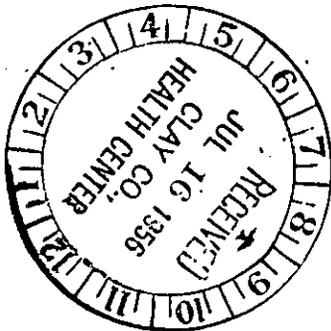
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pettis, County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-11-56</u>	REGISTRAR'S SIGNATURE <u>W. E. Bohan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Beckert, Sedalia, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD GILLESPIE FUNERAL HOME

No. 300  
10-48  
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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..... *W. Keckart*

Licensed Embalmer No... *347*

P. O. Address... *Sedalia*

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.