

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24369

State File No. 148149
Registrar's No. 148149

BIRTH NO.		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 148149		
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 6 months		c. CITY OR TOWN Avalon,		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: Susans Nursing home (If not in hospital or institution, give street address or location)				e. STREET ADDRESS (If rural, give location) 2 miles west. 0540				
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) WILLIAM		c. (Last) WHEELER		4. DATE OF DEATH (Month) (Day) (Year) June 6th, 1956		
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 9th, 1870		
9. AGE (In years last birthday) 85		10. MONTHS 9		11. DAYS 27		IF UNDER 14 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) / Winchester, Indiana.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Jonathan Wheeler		13b. MOTHER'S MAIDEN NAME Hannah Sterling,		14. NAME OF HUSBAND OR WIFE Ida May (Sterling) Wheeler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. Not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Homer Wheeler, Avalon, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Terminal Bronchial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 days 5 years	
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) 4500				
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 Apr. 1, 1956, to June 6, 1956, that I last saw the deceased alive on June 5, 1956, and that death occurred at 4 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Joseph A. Conrad, M.D.				23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED 6/8/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/8/1956		24c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery		24d. LOCATION (City, town, or county) (State) Avalon, Missouri		
DATE REC'D BY LOCAL REG. 6/8/56		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Licensed Embalmer No. 3233

P. O. Address..... Tina, Missou

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.