V.S. No. 300
Rev. 10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 - 1956

State File No. 25736

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6154 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
c. LENGTH OF STAY (In this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2 Richland Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN: Gray Ridge,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1030

3. NAME OF DECEASED (Type or Print)
a. (First): Don
b. (Middle): Ralph
c. (Last): Wheeler

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Feb. 11, 1940
9. AGE (In years last birthday): 16 — If under 1 year: Months / Days — If under 1 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (City and State or Foreign Country): Gray Rdige, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Marshall Wheeler
13b. MOTHER'S MAIDEN NAME: Lela C. Gwaltney
14. NAME OF HUSBAND OR WIFE: single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Marshall Wheeler — **ADDRESS**: Gray Ridge, 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) Fractured skull, possible broken neck, numerous other lacerations

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) and brusies.

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: Sudden

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U. S. Highway 60
21c. (CITY, TOWN, OR TOWNSHIP) Richland Twp. (COUNTY) 103 Stoddard, Mo. (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Appil 10, 1956 A. 11:30
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

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* 11:30 A. *m. from the causes and on the date stated above.*

23a. SIGNATURE: Guy W. Rainey (Degree or title): Coroner
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 4-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Hagy cemetery
24d. LOCATION (City, town, or county) (State): Dexter, Mo.

DATE REC'D BY LOCAL REG.: Aug 3, 1956
REGISTRAR'S SIGNATURE: Leia E. Mooney
25. FUNERAL DIRECTOR'S SIGNATURE: Watkins & Sons — **ADDRESS**: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

5101

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo.

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