

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27494**

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN <u>AURORA</u>		c. CITY OR TOWN <u>Aurora</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>2 MILES NORTH 05510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AURORA HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>	b. (Middle) <u>SAMUEL</u>	c. (Last) <u>WHEAT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-11-56</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>FEB 2-1873</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LAWRENCE</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John S. WHEAT</u>	13b. MOTHER'S MAIDEN NAME <u>MELISSA E. BARSHEARS</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ANN WHEAT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>49-03-7786</u>	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____

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 <u>2 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal anemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis - 6-7 years</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coexistent heart disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 Feb. 11, 1955 to Aug. 11, 1956, that I last saw the deceased alive on Aug. 11, 1956, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. P. Lopez</u> (Degree or title)	23b. ADDRESS <u>M.D. Aurora, Mo.</u>	23c. DATE SIGNED <u>8-12-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug. 13, '56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>	25. FEDERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>8-21-56</u>	REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u>	25. FEDERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____

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

157-0

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 Myself, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Paul L. Ward .....

Licensed Embalmer No. 3812 .....

P. O. Address Amman, Pa. .....

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.