

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3396

FILED JAN 29 1957

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SHELBYVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>CHARENCE 102⁰</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PLEASANT HILL REST HOME</u>		Length of stay in lb <u>6 MO</u>	d. STREET ADDRESS (If outside, give location) <u>CHARENCE MO</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>C</u> Last <u>WHEELER</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>11</u> Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 17 1921</u>	9. AGE (In years last birthday) <u>35</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL TEACHER</u>	11. BIRTHPLACE (City and state or country) <u>PIKE COUNTY ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13. FATHER'S NAME <u>WM. CAREY</u>			14. MOTHER'S MAIDEN NAME <u>ELLA ROBISON</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS R. E. SHERIFF OMAHA NEB</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>Arteriosclerosis with hypertension</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senile dementia with psychosis 331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 2 - 1957</u> to <u>Jan 11 - 1957</u> and last saw her ^{alive} on <u>Jan 4 - 1957</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>P. C. Wheeler M.D.</u>		22b. ADDRESS <u>Shelbyville Mo</u>		22c. DATE SIGNED <u>1-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>JUNIAL</u>		23b. DATE <u>1-13-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>CHARENCE MO</u>
24. FUNERAL DIRECTOR <u>Chas. V. Stearns</u> ADDRESS <u>Charence Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-21-57</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard forms. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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MEDICAL CERTIFICATION

JAN 31 1957

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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 *Charles V. Green*

Licensed Embalmer No. 46

P. O. Address *Ch...*

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