

FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28532

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE Missouri		b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 72 yrs		e. STREET ADDRESS (If rural, give location) 1703 Maple			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1703 Maple					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MORTON	b. (Middle) HENRY	c. (Last) WHEELER	(Month) August	(Day) 15,	(Year) 1957

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 15, 1881	9. AGE (In years last birthday) 76	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. custodian		10b. KIND OF BUSINESS OR INDUSTRY school custodian		11. BIRTHPLACE (City and State or Foreign Country) Calio, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Benjamin A. Wheeler	13b. MOTHER'S MAIDEN NAME Abbie Newlin	14. NAME OF HUSBAND OR WIFE Mrs. Lena Wheeler
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Wheeler, 1703 Maple, Carthage	ADDRESS
--	------------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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)
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?

22. I hereby certify that I attended the deceased from May 19 56, to Aug 19 57, that I last saw the deceased alive on 14 Aug '57, 19 ____, and that death occurred at 6:00 a m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. E. Boyd</i>	(Degree or title) M.D.	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 8-15-57
----------------------------------	------------------------	----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-17-57	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
--	-------------------	--	---

DATE REC'D BY LOCAL REG. 8-16-57	REGISTRAR'S SIGNATURE <i>Funeral Est. Direct</i>	25. FUNERAL DIRECTOR'S SIGNATURE KNELL MORTUARY, Carthage, Mo.	ADDRESS
----------------------------------	--	--	---------

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

139

County File Number
Date Filed AUG 20 1957

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 D. L. Isbell.....

Licensed Embalmer No. 497

P. O. Address Carthage,

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.