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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31112
STATE FILE NUMBER

Registration District No. 387 Primary Registration District No. 5208 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Carroll			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale, RFD (Stokes mound Twp.)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hale, Missouri RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm home		Length of stay in 1b	d. STREET ADDRESS Farm home on #65 Highway north Pina.		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALBERT Middle ERNEST Last WHEELBARGER			4. DATE OF DEATH Month Sept. Day 15th Year 1957		
5. SEX M	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 21th, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 8 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw mill operator		10b. KIND OF BUSINESS OR INDUSTRY native lumber		11. BIRTHPLACE (City and state or country) Carroll County, Mo.	
13. FATHER'S NAME Isac Wheelbarger			14. MOTHER'S MAIDEN NAME Matilda (Scott) Wheelbarger.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs Margaret Susan Wheelbarger, Hale, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute excitatory Failure Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Coronary Thrombosis & Myocardial Infarction DUE TO (c) Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour, Month, Day, Year as m. p. m.					
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 9-15-57 , to 9-15-57 and last saw him alive on never Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Norman F. Hansen (Degree or title)			22b. ADDRESS PO 2 Hale, Mo.		22c. DATE SIGNED 9-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Sept. 17th, 1957	23c. NAME OF CEMETERY OR CREMATORY Arkadelphia Cemetery		23d. LOCATION (City, town, or county) (State) Avalon, Missouri.
24. FUNERAL DIRECTOR Clifford W. Austin funeral Home Pina, Missouri		ADDRESS	25. DATE RECD. BY LOCAL REG. Sept 17, 1957	26. REGISTRAR'S SIGNATURE Max Rex Henderson	

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Austin*
Licensed Embalmer No. 32

P. O. Address *Tina, Miss*

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