FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41527
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Pulaski	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood — Inside Limits Yes X No ☐	c. CITY OR TOWN 1310 Yewell St 814 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Iowa City — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Betty	Middle: Mae	Last: Wheaton	4. DATE OF DEATH	Month: Nov Day: 15 Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: July 25, 1937	9. AGE (In years last birthday): 20	IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beauty Operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Stockport, Iowa	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Deceased		14. MOTHER'S MAIDEN NAME: Unknown			
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 Address: Clifford M. Wheaton			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute pulmonary edema	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Bronchopneumonia	24 hours
DUE TO (c)	Diabetes mellitus with acidosis 260X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Nov 11, 1957, to Nov 15, 1957 and last saw her/him alive on Nov 15, 1957
Death occurred at 5:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James B. White, Capt, MC	22b. ADDRESS: US Army Hospital Ft Leonard Wood, Missouri	22c. DATE SIGNED: Nov 16,57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 11-16-57	23c. NAME OF CEMETERY OR CREMATORY: Unknown
23d. LOCATION (City, town, or county): Iowa City (State): Iowa		
24. FUNERAL DIRECTOR: Hedges B.J. HEDGES FUNERAL HOMES INC CROCKER, MO	25. DATE RECD. BY LOCAL REG.: 11-16-57	26. REGISTRAR'S SIGNATURE: Eula Joyce Anderson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Thoss

Licensed Embalmer No. 489

P. O. Address Waynesville,

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