

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005013
State File No.

FILED FEB 17 1958

BIRTH NO. _____		REG. DIST. NO. <u>108</u>		PRIMARY REG. DIST. NO. <u>5423</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Arbyrd</u>		c. LENGTH OF STAY in this place <u>10 yrs</u>		c. CITY OR TOWN <u>Arbyrd</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS (If rural, give location) <u>0350</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Almeda</u>		b. (Middle) <u>(None)</u>		c. (Last) <u>Wheeler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1958</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 27, 1893</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dunklin Co. Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Frank Wood</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Bell Stevens</u>		14. NAME OF HUSBAND OR WIFE <u>widowed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maudie Roe - Arbyrd, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Lung Disease.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sarcoidosis.</u> DUE TO (c) <u>Emphysema.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1380</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> 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) (Min.)		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 <u>Dec 18, 1957</u> , to <u>Feb 5, 1958</u> , that I last saw the deceased alive on <u>5 Feb, 1958</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.R. Swafford</u>				23b. ADDRESS <u>Cardwell, Mo.</u>		23c. DATE SIGNED <u>10/24/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Silverdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Arbyrd, Mo. Mo.</u>	
DATE REC'D BY LOCAL REC. <u>2-10-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. K. Lane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service - Arbyrd, Mo.</u>		ADDRESS	

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

RECEIVED DUNKLIN COUNTY

DEPARTMENT 2-13-5

COUNTY FILE NUMBER 95

FEB 19 1958

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..... *Walter F. Grime*

Licensed Embalmer No. 5032

P. O. Address *Lockwell, W.*

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.