

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014869  
STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 60

300  
-57  
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1. PLACE OF DEATH a. COUNTY Missouri <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates <u>0070</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rich Hill
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		Length of stay in lb 57 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Myron Wheelbarger			4. DATE OF DEATH Month Day Year April 23, 1958		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 4, 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (City and state or country) Rich Hill, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ella Wheelbarger		13b. MOTHER'S MAIDEN NAME Ora Cooper		14. NAME OF HUSBAND OR WIFE	
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. 486-01-4742		17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.	

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>Cor pulmonale</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Pulmonary emphysema</u>		
	DUE TO (c) <u>bronchogenic carcinoma, left upper lobe &amp; metastasis to mediastinum (post-lobectomy)</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input 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 a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 Feb. 26, 1958 to Apr. 23, 1958 and last saw <sup>xx</sup>him alive on 4-23-58  
Death occurred at 2:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. H. Fossett</i>		(Occupation or title)		22b. ADDRESS Mt. Vernon, Mo.		22c. DATE SIGNED <u>4-23-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-23-58		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Rich Hill, Mo.	

24. FUNERAL DIRECTOR H. D. Fossett		ADDRESS Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 5-7-58		26. REGISTRAR'S SIGNATURE <i>Sevil Hendricks</i>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

MAY 14 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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed W. O. Fossell.....

Licensed Embalmer No. 2201  
P. O. Address W. F. USMAN

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.