

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022929

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 128

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|--|-------------------------------|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <i>Randolph</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Moberly</i> OR TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <i>Cairo</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <i>Woodland Hospital</i> HOSPITAL OR INSTITUTION Length of stay in lb <i>3 Days</i> | | d. STREET ADDRESS (If outside, give location) <i>P.R.D. # 1</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <i>Iva Lee Wheeler</i> | | 4. DATE OF DEATH Month <i>June</i> Day <i>2</i> Year <i>1958</i> | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Nov-18-1892</i> |
| 9. AGE (In years last birthday) <i>65</i> | | 10. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 11. BIRTHPLACE (City and state or country) <i>Sturgeon Mo.</i> | |
| 13. FATHER'S NAME <i>Walter B. Sims</i> | | 14. MOTHER'S MAIDEN NAME <i>Lula Logsdon</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <i>none</i> | |
| 17. INFORMANT <i>Mrs. Mary Sundberg</i> | | Address <i>Moberly Mo.</i> | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Encephalomalacia due to</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 days</i> <i>2 1/2 hrs.</i> <i>6 hrs.</i> |
| DUE TO (b) <i>arteriosclerotic thrombosis</i> | | |
| DUE TO (c) <i>hemorrhage of arteries of brain</i> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | |
| <i>arteriosclerosis of cerebral vessels</i> | | |

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| 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.) <i>332X</i> | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20c. TIME OF INJURY Hour <i>7:15 P.</i> Month, Day, Year <i>June 2 1958</i> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <i>Moberly</i> COUNTY <i>Moberly</i> STATE <i>Mo.</i> |

21. I attended the deceased from *Jan 9 58*, to *June 2 58* and last saw her alive on *June 2 1958*
Death occurred at *7:15 P.* on the date stated above; and to the best of my knowledge, from the causes stated.

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|--|---------------------------------|-----------------------------------|
| 22a. SIGNATURE (Degree or title) <i>Clarence Clohis M.D.</i> | 22b. ADDRESS <i>Moberly Mo.</i> | 22c. DATE SIGNED <i>June 3 58</i> |
|--|---------------------------------|-----------------------------------|

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|--|------------------------------|--|---|
| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <i>Burial</i> | 23b. DATE <i>June-6-1958</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope</i> | 23d. LOCATION (City, town, or county) <i>Sturgeon Mo.</i> |
| 24. FUNERAL DIRECTOR <i>Cater Funeral Home</i> | ADDRESS <i>Moberly Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>6-6-58</i> | 26. REGISTRAR'S SIGNATURE <i>Seabear</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56 0

Coroner cannot certify to a death due to natural causes. All symptoms will be listed.

APR 8 1959

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.....
J. M. Carter

Licensed Embalmer No. *411*

P. O. Address *Merby*

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.