

STANDARD CERTIFICATE OF DEATH

58-028655
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 96 Primary Registration District No. 4158 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u>		c. CITY OR TOWN <u>Buffalo</u> 0300	
c. FULL NAME OF (UNOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Qu. Marsh St.</u>		d. STREET ADDRESS (If outside, give location) <u>Qu. Marsh St.</u>	
Length of stay in lb <u>15 yrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>DELLA</u> Middle Last <u>WHEELER</u>			4. DATE OF DEATH Month <u>8</u> Day <u>14</u> Year <u>1958</u>			
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5. SEX <u>F</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-5-1881</u>	9. AGE (In years last birthday) <u>77</u>	10. FUNDER 1 YEAR Months <u>9</u> Days <u>9</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Housework</u>	11. BIRTHPLACE (City and state or country) <u>Camden Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Abraham Freeman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Brown</u>	14. NAME OF HUSBAND OR WIFE
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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></u>	17. INFORMANT <u>Eva Webster</u> Address <u>Buffalo Mo.</u>
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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) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Articulate Fibrillation</u>	DUE TO (c) <u>Arteriosclerosis 4331</u>	

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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	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
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21. I attended the deceased from <u>Aug 1 - 1958</u> to <u>Aug 14 1958</u> and last saw her <u>alive</u> on <u>8-14-58</u> Death occurred at <u>9:55 A</u> m on the <u>date</u> stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. O. Dammann M.D.</u> (Degree or title)	22b. ADDRESS <u>Buffalo Mo.</u>	22c. DATE SIGNED <u>8-20-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>snacks creek cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>snacks creek, mo.</u>
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24. FUNERAL DIRECTOR <u>L. B. Jones</u> ADDRESS <u>Buffalo Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8/25/58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u>
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(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Rep Key.

Oct 30 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 R.E. Cheston.....

Licensed Embalmer No. 3813.....

P. O. Address. Buffalo, mo.....

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.