No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031107
State File No.

FILED SEP 11 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8358

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 23 St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Jackson
c. CITY OR TOWN De Soto 8126 8
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location) 32 no-street name

3. NAME OF DECEASED (Type or Print)
a. (First) Maud
b. (Middle)
c. (Last) Wheatley

4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1958

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH May 17, 1888
9. AGE (In years last birthday) 70 — If under 1 year: Months 3 Days 6 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and State or Foreign Country) De Soto, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dick Dickson Ragsdale
13b. MOTHER'S MAIDEN NAME Cordelia Williams
14. NAME OF HUSBAND OR WIFE Harley Wheatley

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. 321 20 1201
17. INFORMANT'S SIGNATURE OR NAME Harley Wheatley
ADDRESS De. Soto, Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) HODGKINS DISEASE — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 201x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ANEMIA

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 9, 19 58, *to* Aug. 22, 19 58 *that I last saw the deceased alive on* Aug. 21, 19 58 *and that death occurred at* 11:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas Miller (Degree or title) O
23b. ADDRESS 408 Humboldt Bldg.
23c. DATE SIGNED Aug. 26-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug. 25, 1958
24c. NAME OF CEMETERY OR CREMATORY De Soto Cemetery
24d. LOCATION (City, town, or county) (State) De Soto, Illinois

DATE REC'D BY LOCAL REG. AUG 29 '58
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE J. Van Natta
ADDRESS Carbondale, Ill.

S.P. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me, or by Joe F. Van Natta, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Joe F. Van Natta

Licensed Embalmer No. 2897

P. O. Address Carbondale,

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