

Health,
& Welfare
Public
Service

Mitchell
FILED NOV 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043109
STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 44

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mountain Grove</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Mountain Grove</u> <u>1140</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>227 South Wall St.</u>		Length of stay in lb <u>life</u>	d. STREET ADDRESS (If outside, give location) <u>227 South Wall St.</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>Donald Jay Wheeler</u>			4. DATE OF DEATH Month Day Year <u>November 10, 1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 26, 1958</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u> 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>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Cabool, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lenzy J. Wheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lou Parsons</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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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.	17. INFORMANT <u>Lenzy J. Wheeler</u>	Address <u>Mountain Grove, Missouri.</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>Asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Trauma - Bronchitis and Broncho-</u>	
	DUE TO (c) <u>pneumonia</u>	<u>8 hrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>501X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>501X</u>
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20c. TIME OF INJURY Hour (Month, Day, Year) a.m. p.m.	20d. 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>Nov 10-58</u> to <u>Nov 10-58</u> and last saw him alive on <u>Nov 10-58</u> Death occurred at <u>9:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) <u>Richard E. Mitchell D.O. 2</u>	22b. ADDRESS <u>Mtn Grove, Mo.</u>	22c. DATE SIGNED <u>11-17-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 13, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Plesant Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Texas County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Barber Funeral Home</u>	ADDRESS <u>Mtn. Grove, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>11-20-1958</u>	26. REGISTRAR'S SIGNATURE <u>Bernice D. Silverman</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *George Stoff*

Licensed Embalmer No. *3161*

P. O. Address *Mt. Pleasant, 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.

PC-A-2-11