

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008381
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>White Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Lincoln, mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 1/2 miles south of Lincoln</u>			Length of stay in 1b <u>12 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>4 1/2 miles south of Lincoln</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Ernest</u> <u>Giles</u> <u>Wheeler</u>				4. DATE OF DEATH Month <u>4</u> Day <u>3</u> Year <u>59</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 20, 1882</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13. FATHER'S NAME <u>Elijah W. Wheeler</u>				14. MOTHER'S MAIDEN NAME <u>Leona Ray</u>					
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>none</u>		17. INFORMANT <u>Mrs. Iva Foster</u>			Address <u>Lincoln</u>	
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>Acute Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Embolism</u> DUE TO (c) <u>Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								INTERVAL BETWEEN ONSET AND DEATH <u>5 Minutes</u> <u>3 Months</u> <u>10 years</u>	
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>4201</u>						
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 WORK <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 <u>Jan 2nd 59</u> to <u>April 3, 59</u> and last saw her/him alive on <u>April 3-59</u> Death occurred at <u>6:30 p</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Dr. M. B. Bee D.O.</u>				22b. ADDRESS <u>Box 13 Lincoln Mo</u>		22c. DATE SIGNED <u>4-6-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>4/7/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shady Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Benton County mo</u>			
24. FUNERAL DIRECTOR <u>Fred Davis & son</u>				ADDRESS <u>Lincoln</u>		25. DATE RECD. BY LOCAL REG. <u>April 7th 1959</u>		26. REGISTRAR'S SIGNATURE <u>E. L. Sickeloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Richard D. Conn*

Licensed Embalmer No. *47*

P. O. Address *Jupiter, Fla.*

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