THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012502

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff. Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 S. D. Street. Length of stay in 1b 5 years.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff. 0124 6 Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 702 S. D. Street. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First William Middle Travis Last Wheeler.

4. DATE OF DEATH Month March Day 13, Year 1959.

5. SEX Male. 0

6. COLOR OR RACE White.

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH March 29, 1878.

9. AGE (In years last birthday) 80. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming.

10b. KIND OF BUSINESS OR INDUSTRY Agriculture.

11. BIRTHPLACE (City and state or country) Alton, Missouri. 0

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Jess Wheeler.

13b. MOTHER'S MAIDEN NAME Isabelle Stevens.

14. NAME OF HUSBAND OR WIFE Rose McGee Wheeler.

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. 489-18-7649

17. INFORMANT Joe Wheeler, Address Doniphan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion. INTERVAL BETWEEN ONSET AND DEATH 1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease 10 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus. 4260

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 15 Dec 58, to 13 March 59 and last saw ~~her~~ him alive on 16 March 59
Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Cyril A. Post, M.D. 0

22b. ADDRESS Poplar Bluff, Mo.

22c. DATE SIGNED 3 Apr 59.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.

23b. DATE March 15, 1959

23c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery.

23d. LOCATION (City, town, or county) (State) Ripley County, Missouri.

24. FUNERAL DIRECTOR ADDRESS MEANS FUNERAL HOME, DONIPHAN, Mo.

25. DATE RECD. BY LOCAL REG. 4/18/59

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed ...Ray Meanor.....
Signature of Student Embalmer

Licensed Embalmer No...3743.....
P. O. Address..Doniphan...

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.