

Health,
Welfare
Public
Service

Dr. Hall

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021042
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 589

300
1-57

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSP.		Length of stay in lb	d. STREET ADDRESS 647 S. WELLER (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle E. Last WHEELER			4. DATE OF DEATH Month JUNE Day 14 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 23 1884	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER, WHEELER FURNITURE CO. (RETAIL)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CROCKER, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME RAY WHEELER		13b. MOTHER'S MAIDEN NAME MARTHA COWAN	
14. NAME OF HUSBAND OR WIFE BIRDIE WHEELER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-34-1571	
17. INFORMANT BIRDIE WHEELER		Address SPRINGFIELD, 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) METASTATIC DISEASE BRAIN DUE TO (b) Generalized Metastatic disease DUE TO (c) Primary Adenocarcinoma Prostate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X	
INTERVAL BETWEEN ONSET AND DEATH 3 days		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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 SPRINGFIELD		COUNTY STATE	
21. I attended the deceased from MAY 1948 to JUNE 14, '59 and last saw him alive on JUNE 14, '59 Death occurred at 10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dr. Howard B. Hall M.D. (Degree or title)		22b. ADDRESS 1211 So. Glenstone, Springfield, Mo.	
22c. DATE SIGNED 6/16/59		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6/16/59	
23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY		23d. LOCATION (City, town, or county) SPRINGFIELD, MO.		(State)	
24. FUNERAL DIRECTOR H. H. LOHMEYER		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 6-18-59	
26. REGISTRAR'S SIGNATURE Effie G. Melton					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

AUG 2 1959

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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 *W. M. C. Coover*

Licensed Embalmer No. *1272*

P. O. Address *.....*

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.