

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033331

FILED VS OCT 2 1959

278

Primary Registration District No. 3054

Registrar's No. 112

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>LOUISIANA</b>		Length of stay in 1b <b>5 HRS</b>	c. CITY OR TOWN <b>EOLIA</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE COUNTY HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ARTHUR WHEELER</b>			4. DATE OF DEATH Month Day Year <b>Sept 20 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-21-1872</b>
9. AGE (last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>SECTION FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (City and state or country) <b>PEARL ILLINOIS</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>WILLIAM WHEELER</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY ANN DRAPER</b>		14. NAME OF HUSBAND OR WIFE <del>WHEELER</del>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>49-6-44-1473</b>	17. INFORMANT Address <b>HAZEL BLAETH TOWER HILL ILL.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Artery Occlusion</b> DUE TO (b) <b>Arteriosclerotic Hypertension -</b> DUE TO (c) <b>Severe Cardiovascular Dis.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b> <b>5 1/2 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year	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 <b>1950</b> , to <b>9/20/59</b> and last saw him alive on <b>9/20/59</b> Death occurred at <b>4:00 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>Chas. H. Luellen M.D.</b>		22b. ADDRESS <b>122 South 3rd St. Louisiana, MO</b>	22c. DATE SIGNED <b>9 -21-59</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEPT 22 - 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EOLIA CEMETARY</b>	23d. LOCATION (City, town, or county) (State) <b>EOLIA MISSOURI.</b>
24. FUNERAL DIRECTOR <b>Collier FUNERAL SERVICE</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 23 - 1959</b>	26. REGISTRAR'S SIGNATURE <b>Bernie Collier.</b>
<b>LOUISIANA MO</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 13 1958

EEB 11 1958

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.