

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002716

FILED VS JAN 28 1960

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pennsylv</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pennsylv</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hoyts</u>		Length of stay in 1b	c. CITY OR TOWN <u>Steele</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>State st</u>
3. NAME OF DECEASED (Type or print) First <u>Dorcas Mae</u> Middle <u>Wheeler</u> Last <u>Wheeler</u>		4. DATE OF DEATH Month <u>1</u> Day <u>9</u> Year <u>60</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>abt 62</u>
11. BIRTHPLACE (City and state or country) <u>Ark</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Robert Gregory</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>William Wheeler</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wd or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>William H Wheeler Steele MO</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>Diabetic Coma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>—</u>		
DUE TO (c) <u>—</u>		
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 <u>Hoyts, Pennsylv, MO</u>	
21. I attended the deceased from <u>1-8-60</u> to <u>1-9-60</u> and last saw her alive on <u>1-9-60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>G. J. Aguirre, M.D.</u>		22b. ADDRESS <u>Caruthersville, MO.</u>	22c. DATE SIGNED <u>1-13-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>First Zion</u>	23d. LOCATION (City, town, or county) (State) <u>Steele MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>German Funeral Home Steele MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-14-60</u>	26. REGISTRAR'S SIGNATURE <u>La Honda Adams</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Jim F. McClure, Student Embalmer No. 590

working under my personal supervision.

Student Jim F. McClure
Signature of Student Embalmer

Signed Noel E. Deane

Licensed Embalmer No. 3941

P. O. Address Camethus

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.