RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS JUL 6 1960

-60-025469

STATE FILE NUMBER

Registration District No. 625 Primary Registration District No. 4478 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY SCHUYLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LANCASTER
Length of stay in 1b: 71 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SCHUYLER
c. CITY OR TOWN LANCASTER
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS NONE (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANNA Middle ETHEL Last WHEELER
4. DATE OF DEATH: Month JUNE Day 25 Year 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/21/1889
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months 3 Days 4 Hours Min.
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (City and state or country): SCHUYLER
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ISAAC HAYES
13b. MOTHER'S MAIDEN NAME: CAROLINE GOWER
14. NAME OF HUSBAND OR WIFE: JOE 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.
17. INFORMANT: JOE WHEELER, Address: LANCASTER, MO.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia and Lung Congestion	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Weakness due to Generalized Carcinomatosis	1 month
DUE TO (c)	Carcinoma of fundus of uterus	4 YEARS

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. ☐ Yes ☐ No ☐ Unknown

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 June 1955, to June 25, 1960 and last saw her/him alive on June 25, 1960
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. Stoker (Degree or title) D.O.
22b. ADDRESS: Lancaster, Mo.
22c. DATE SIGNED: 6-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 28, 1960
23c. NAME OF CEMETERY OR CREMATORY: CROWDER CEMETERY
23d. LOCATION (City, town, or county) (State): SCHUYLER, MISSOURI

24. FUNERAL DIRECTOR: NORMAN FUNERAL HOME, ADDRESS: LANCASTER, MO.
25. DATE RECD. BY LOCAL REG.: 6.28.1960
26. REGISTRAR'S SIGNATURE: Geo. A. J. Drake

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Novi E. Foster

Licensed Embalmer No. 474

P. O. Address Kirksville

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