

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025667

FILED VS AUG 9 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 231

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville			Length of stay in 1b	c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 711 W. Patterson St.,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 711 W. Patterson St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clarence Middle Wheeler Last				4. DATE OF DEATH July 26, 1960 Month Day Year			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/26/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker & Cook			10b. KIND OF BUSINESS OR INDUSTRY Cook		11. BIRTHPLACE (City and state or country) Saliabury, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME George W. Wheeler			13b. MOTHER'S MAIDEN NAME Sarah Yoakum		14. NAME OF HUSBAND OR WIFE Pearl D. Clark		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) Yes Spanish Am. War 1898			16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Gladys Bell, Kirksville Mo.			Address
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 DUE TO (b) Coronary Artery Df. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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 July 24, 1960 to July 26 '60 and last saw him alive on July 24 1960 Death occurred at 2:05 am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Nauglass R. Hagen D.D.				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 7-26-60	
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 7-29-1960	23d. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		23e. LOCATION (City, town, or county) Milan, Mo.		(State)
24. FUNERAL DIRECTOR Wm. R. ...			25. DATE RECD. BY LOCAL REG. 7-30-60		26. REGISTRAR'S SIGNATURE Doris W. Ratliff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOUGLAS P. HAGREN, D.D.

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kirkville, Mo.

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.