MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014932
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. — Registrar's No. 717

FILED MAY 14 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN n. Campbell tunshp. — Length of stay in 1b: 40 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sunshine Acres — Inside Limits Yes ☐ No #

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location) 2110 n. Pickwick — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First: Harriett Middle: Ann Last: Wheeler
4. DATE OF DEATH Month: May Day: 5, Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 11-20-1884
9. AGE (last birthday): 77 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Webster Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Atkinson
13b. MOTHER'S MAIDEN NAME: Sarah Ann Wommack
14. NAME OF HUSBAND OR WIFE: Wm. Irvin Wheeler (Dec.
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.: None
17. INFORMANT: Mr Fred Wheeler, 423 W Pacific, Spfld Mo (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage, cerebral — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 4,27,62 to 5,4,62 and last saw her/him alive on 5,4,62
Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.D. Musick, M.D.
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 5,9,62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-7-1962
23c. NAME OF CEMETERY OR CREMATORY Timber Ridge Cemetery
23d. LOCATION (City, town, or county) Webster County (State) Missouri

24. FUNERAL DIRECTOR Rex Rainey, ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 5-11-62
26. REGISTRAR'S SIGNATURE Effie E. Meeter

(Licensed Embalmer's Statement on Reverse Side)

permit issued 5-7-62

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 [signature]

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.