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REC'D Oct. 1, 1976
COLN, NEBRASKA

Freda Thies
DIRECTOR OF VITAL STATISTICS

3-76a (VS) REV. 4-65
GENERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

50-005218

RTH NO. 126.....		CERTIFICATE OF DEATH		STATE FILE NO.	
PLACE OF DEATH COUNTY <u>Lancaster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY			
CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>		c. LENGTH OF STAY (in this place) <u>41 days</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Edgar</u>	
FULL NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION <u>Veterans Administration</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>			
NAME OF DECEASED Type or Print) a. (First) <u>Harry</u>		b. (Middle) <u>L.</u>		c. (Last) <u>WHEELAND</u>	
SEX <u>Male</u>		6. COLOR or RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>Aug. 22, 1891</u>		9. Age (In yrs. last birthday) Mos. Days Hours Min. <u>58 yrs.</u>		10. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1950</u>	
USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Not of record</u>		11. BIRTH- (City, town or county) (State) or foreign country <u>Edgar, Nebr.</u>	
FATHER'S NAME <u>Luther Wheeland</u>		10a. MOTHER'S MAIDEN NAME <u>Lattie Cass</u>		10c. NAME OF HUSBAND OR WIFE <u>None</u>	
12. CHILDREN OF WHAT COUNTRY? <u>U.S.A.</u>		13. SOCIAL SECURITY NO. <u>546-02-6728</u>		17. INFORMANT'S NAME or Signator & Address <u>Records Mgt. Adm. Lincoln 1, Nebr.</u>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes 12-6-17/12-24-18</u>		15. MEDICAL CERTIFICATION			
CAUSE OF DEATH (If only one cause refer to (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subacute bacterial endocarditis due to staphylococcus aureus hemolytic</u>		Interval Between Onset and Death <u>7 Wks.</u>	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>abscesses.</u>		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
DATE OF OPERATION <u>None</u>		18b. MAJOR FINDINGS OF OPERATION		18c. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18a. ACCIDENT (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office Bldg., etc.)		21c. (CITY OR TOWN) (COUNTY) (STATE) (If rural area, write RURAL)	
21a. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>None</u>		21d. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21e. HOW DID INJURY OCCUR?	
I hereby certify that I attended the deceased from <u>Jan. 23, 1950</u> , to <u>May 3, 1950</u> , and that death occurred at <u>1:12 pm.</u> from the causes and on the date stated above.					
SIGNATURE <i>[Signature]</i>		22. ADDRESS <u>Chief Professional Services Unit, Adm. Lincoln 1, Nebr.</u>		22c. DATE SIGNED <u>5-3-50</u>	
23. NAME OF CHURCH or CELESTIANITY <u>Edgar Cemetery</u>		24. LOCATION (City, town, or county) <u>Edgar Nebraska</u>			
25. RECEIVED BY <u>May 11 1950</u>		26. GENERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		27. GENERAL DIRECTOR'S LOCATION <u>Hodgman-Splain Mortuary 1035 L Street</u>	