

FILED MAR 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7815

26

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #3 Liberty Township</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUETTA</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>WILBERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 30, 1942</u>
9. AGE (In years last birthday) <u>6</u>	10. USUAL OCCUPATION (Give kind of work done during most of previous life, even if retired) <u>get school</u>	100. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Taos, Mo. U</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lawrence Wilber</u>		13b. MOTHER'S MAIDEN NAME <u>Regina Taker</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Wilber</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Attacks of Respiratory failure and unobscured</u> ANTECEDENT CAUSES <u>and hydrocephalus, internal and external cerebral hemorrhage and plexogenic coagulation following adhesions from pt. fever and decompression at 3 1/2 months of age</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>752X</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March 8, 1949</u> to <u>March 10, 1949</u> , that I last saw the deceased alive on <u>March 10, 1949</u> , and that death occurred at <u>11:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Theodore S. Wittels, M.D., U</u>		23b. ADDRESS <u>125 E. High St., Jeff City, Mo.</u>	
23c. DATE SIGNED <u>Mar. 9, 1949</u>		24a. BURIAL CHARGE-TYPE OF COFFIN (Specify) _____	
24b. DATE <u>March 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Taos, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Taos, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lybrius Hulle J.C. Mo.</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>March 12-49</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. Mo.</u>	

Date Filed MAR 16 1949
District File Number

District Health Officer No. 9,

RECEIVED

MAR 28 1949

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
Student Embalmer

Signed Sydney D. Quill
Licensed Embalmer No. 4351

P. O. Address Jefferson City 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 this body is not embalmed, fact should be so stated above.