

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42062**

No. 300
10.48

FILED JAN 6 1950

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BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5926		Registrar's No. 168		
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Texas				
b. CITY (If outside corporate limits, write RURAL and give township) "Rural" Johnson Twp.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) "Rural"		d. STREET ADDRESS (If rural, give location) Rt. 4 - Mountain Grove.		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Adolph b. (Middle) Carl c. (Last) Wiebold			4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1949					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) /	8. DATE OF BIRTH April 7, 1903	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern owner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Herman H. Wiebold		13b. MOTHER'S MAIDEN NAME Mary Ravens		14. NAME OF HUSBAND OR WIFE Martha Lucille Wiebold				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486 09 9711		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Jones ADDRESS 1623 Mersington-K.C. Mo.				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fractured skull				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				E 8230 32
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #13		21c. (CITY, TOWN, OR TOWNSHIP) Johnson Twp. 84 (COUNTY) Polk (STATE) Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 25 1949 4a m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? automobile accident RTR				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature] Polk County Coroner				23b. ADDRESS Bolivar Mo.		23c. DATE SIGNED 12/25/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 31-1949		24c. NAME OF CEMETERY OR CREMATORY Kansas City, Mo.		24d. LOCATION (City, town, or county) (State) Mo.		
DATE REC'D BY LOCAL REG. Dec 25 1949		REGISTRAR'S SIGNATURE Ralph Gorden		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Humansville Mo.				

(Licensed Embellisher's Statement on Reverse Side)

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

JAN 8 1950

JAN 13 1950

JAN 17 1950

RECEIVED

District Health Officer No. 71

District File Number 12-49-1550

Date Filed 1-5-50

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 _____

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.