

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43361

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA Salt River Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u> b. (Middle) <u>C. H.</u> c. (Last) <u>WILBERN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 25 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>AUGUST 17, 1892</u>		9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	
11. BIRTHPLACE (State or foreign country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK IN STORE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARDWARE</u>			

13a. FATHER'S NAME <u>HERMAN WILBERN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SCHROEDER</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH WILBERN</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>H95-01-4473</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ELIZABETH WILBERN</u> ADDRESS <u>CONCORDIA, MO</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>	
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19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
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22. I hereby certify that I attended the deceased from the death 11-20 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. P. Lawless Coroner Saline Co.</u> (Degree or title)		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>11-20-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>	
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DATE REC'D BY LOCAL REG. <u>11/29/49</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 12
District Health Officer No. 8.

District File Number.....
Date Filed 12-21-49

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 me

Student Embalmer No.

working under my personal supervision.

Signed.....

E. L. James

Signed.....
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Comandis, 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.