

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19174

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6237 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Hickory-Grove</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Hickory-Grove</b> <u>1090</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Georgie</b> b. (Middle) <b>Dyer</b> c. (Last) <b>Wisbrock</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 30 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 6 1879</b>
9. AGE (in years last birthday) <b>70</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In the Home</b>	11. BIRTHPLACE (State or foreign country) <b>Christain Co Mo</b> <u>U</u>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Benjamin Matthews</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Dyer</b>	14. NAME OF HUSBAND OR WIFE <b>William Wisbrock</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William Wisbrock Wright City Mo</b>
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) <b>Chs. Cardio-Vasculo. renal Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage &amp; Paralysis</b> <u>1935</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>4-2-</u> 19 <u>48</u> to <u>4-30-</u> 19 <u>50</u> , that I last saw the deceased alive on <u>4-29-</u> 19 <u>50</u> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. W. H. Eppman M.D.</b>		23b. ADDRESS <b>Harrison Mo</b>	23c. DATE SIGNED <b>5-2-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 3 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Wright City Mo</b>	
DATE REC'D BY LOCAL REG. <b>May 13-1950</b>		REGISTRAR'S SIGNATURE <b>Mrs. F. W. Hughes</b> <u>335</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Nieburg Furn &amp; Und Co Wright City Mo</b>

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

1090

1090

JAN 23 1951

FEB 26 1953

RECEIVED  
MAY 16 1950  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed .....  
Student Embalmer

Signed Julius J. Nieburg  
Licensed Embalmer No. 3366

P. O. Address Wright 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.