

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33043**

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 239

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>Wardsville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 0264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R R # 4 Jefferson City Mo</u>		d. STREET ADDRESS (If rural, give location) <u>704 Maple.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>W.</u> c. (Last) <u>WIBERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 13, 1860</u>
9. AGE (In years last birthday) <u>84</u> Months <u>7</u> Days <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Wardsville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Herman Ben Wilkin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Theresa Schmat</u>
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ben Rackus</u> ADDRESS <u>J.C. Mo</u>
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>Hypertensive cardiac vascular disease</u> ANTECEDENT CAUSES 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. <u>Chronic Coronary heart disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) m.	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>1946</u> to <u>Oct 21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 21</u> , 19 <u>50</u> , and that death occurred at <u>12:55 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ben D. Ogden M.D.</u>		23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>10-24-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Stanislaus</u>	24d. LOCATION (City, town, or county) (State) <u>Wardsville Mo</u>
DATE REC'D BY LOCAL REG. <u>Dec 24-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris MD - M.P.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Agnes Hulle</u>	ADDRESS <u>J.C. Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11/2/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed _____

11/2/50

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 _____

Doner K. James

Student Embalmer No. *374*

working under my personal supervision.

Student *Doner K. James*
Student Embalmer

Signed _____

Sylvester Dulle

Licensed Embalmer No. *4321*

P. O. Address *J. C. No.*

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.