

FILED JAN 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 520

01609

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4077 Registrar's No. ✓

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>White Water</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>White Water</u> <u>01600</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Whitewater</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White Water</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Christine</u> (Middle) <u>Caroline</u> (Last) <u>Wilder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6, 52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 18-1883</u>
9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR <u>4</u> Months	IF UNDER 1 YEAR <u>18</u> Hours	IF UNDER 1 YEAR <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jacob Fischer</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Overbeck</u>	
14. NAME OF HUSBAND OR WIFE <u>Martin H. Wilder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Martin H. Wilder</u>		ADDRESS <u>White Water, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		<u>10 yr.</u>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary Tuberculosis</u>		<u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X A</u>	
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>Sept 10</u> 1949, to <u>Jan 6</u> , 1952, that I last saw the deceased alive on <u>Jan 5</u> , 1952, and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. N. Jaeger, M.D.</u>		23b. ADDRESS <u>Jackson, Mo.</u>	
23c. DATE SIGNED <u>Jan 8, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 8-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Zion Methodist</u>		24d. LOCATION (City, town, or county) (State) <u>2 mi W. Sardonville</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 7 1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Denette Heird Jackson, Mo</u>	

11-11-38

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 *P. O. Laine*

Signed.....

Student Embalmer

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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.