

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7680

State File No. ....

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5196

1. PLACE OF DEATH  
 a. COUNTY CARROLL  
 b. CITY (If outside corporate limits, write RURAL and give township) Bosworth Mo RURAL  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MO  
 b. COUNTY CARROLL  
 c. CITY (If outside corporate limits, write RURAL and give township) 0170  
 OR TOWN Bosworth MO RURAL  
 d. STREET ADDRESS (If rural, give location) 5M. N.E. Bosworth Mo

3. NAME OF DECEASED  
 a. (First) WILHELMINE  
 b. (Middle) LOUISA  
 c. (Last) JALBRECHT  
 4. DATE OF DEATH (Month) (Day) (Year) MARCH 15-1952

5. SEX F  
 6. COLOR OR RACE W  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W  
 8. DATE OF BIRTH JAN 5-1878  
 9. AGE (In years last birthday) 74  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 24 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK  
 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
 11. BIRTHPLACE (State or foreign country) JORIN MO  
 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME CARL LUIS AUGUST FRANK  
 13b. MOTHER'S MAIDEN NAME CHRISTINE HOYER  
 14. NAME OF HUSBAND OR WIFE DECEASED

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. \_\_\_\_\_  
 17. INFORMANT'S SIGNATURE OR NAME LEWIS JALBRECHT ADDRESS Bosworth 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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma Right Breast  
 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.

19a. DATE OF OPERATION \_\_\_\_\_  
 19b. MAJOR FINDINGS OF OPERATION Faint obscure Metastases Liver, & Spleen  
Feb 4-52 Ellis Fischel Hospital Columbia Mo  
 20. AUTOPSY? YES  NO

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) \_\_\_\_\_  
 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 21f. HOW DID INJURY OCCUR? 170X

22. I hereby certify that I attended the deceased from Dec 4, 1951, to March 15, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE J. L. Fisher (Degree or title) D.O.  
 23b. ADDRESS Brunswick, Miss  
 23c. DATE SIGNED \_\_\_\_\_

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  
 24b. DATE MARCH 17-1952  
 24c. NAME OF CEMETERY OR CREMATORY BIG CREEK CEMETERY  
 24d. LOCATION (City, town, or county) (State) Bosworth MO

DATE REC'D BY LOCAL REG. Mar. 24-1952  
 REGISTRAR'S SIGNATURE Reuel Koch  
 25. FUNERAL DIRECTOR'S SIGNATURE Leipold + Edwards ADDRESS Bosworth MO

0170  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth 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.**