

FILED AUG 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. .... 8

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 8

1. PLACE OF DEATH  
a. COUNTY Cole  
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural Liberty Township  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Algoa Prison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Cole  
c. CITY (If outside corporate limits, write RURAL and give township) OR Township Rural Algoa Prison Liberty To  
d. STREET ADDRESS (If rural, give location) Algoa Prison 0260

3. NAME OF DECEASED (Type or Print)  
a. (First) Gene Arnold b. (Middle) Wiber c. (Last)  
4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Jan. 9, 1936 9. AGE (In years last birthday) Months Days Hours Min. 16 6 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no 10b. KIND OF BUSINESS OR INDUSTRY no 11. BIRTHPLACE (State or foreign country) Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harold Wiber 13b. MOTHER'S MAIDEN NAME Dorothy Mays 14. NAME OF HUSBAND OR WIFE no

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 ADDRESS Harold Wiber Kansas City, 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) Death By Drowning  
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. E9297 42

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION A26 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Algoa 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cole Mo.

21d. TIME OF INJURY (Month) (Day) (Year) Aug 6 1952 2P 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW AND INJURY OCCUR? As Carver

22. I hereby certify that I attended the deceased from Aug 9, 1952, to Aug 10, 1952, that I last saw the deceased dying on Aug 9, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Bruce M.D. 23b. ADDRESS 2344 Johnson Jefferson City Mo 23c. DATE SIGNED 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug 11, 1952 24c. NAME OF CEMETERY OR CREMATORY Longview Cemetery 24d. LOCATION (City, town, or county) (State) Jefferson City Mo

DATE REC'D BY LOCAL REG. Aug 11-1952 REGISTRAR'S SIGNATURE R. P. Dorris M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Victor Buresky ADDRESS Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

260  
3

AUG 17 1927

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 Not

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Victor Brescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.