

STANDARD CERTIFICATE OF DEATH

10288

State File No.

2001

Registrar's No. 250

FILED MAR 31 1953

BIRTH NO.

REG. DIST. NO. 156

PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN JOPLINc. LENGTH OF STAY (in this place)
7 HRSd. FULL NAME OF HOSPITAL OR INSTITUTION
ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission)

a. STATE

MISSOURI

b. COUNTY

JASPER

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN JOPLINd. STREET ADDRESS
(If rural, give location)

617 EMPIRE

3. NAME OF DECEASED
(Type or Print)

a. (First)

HERBERT

b. (Middle)

LINGCOEN

c. (Last)

WILBUR

4. DATE OF DEATH (Month) (Day) (Year)
MARCH 15, 1953

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

OCT 24, 1876

9. AGE (In years last birthday)

76

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)

PHYSICIAN & SURGEON

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

WINSLOW, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JAY WILBUR

13b. MOTHER'S MAIDEN NAME

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14. NAME OF HUSBAND OR WIFE

CORA WILBUR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)

YES

WORLD WAR I

16. SOCIAL SECURITY NO.

UNK

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

CORA WILBUR, 617 EMPIRE, JOPLIN

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis, with probable vegetative endocarditis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Cerebral thrombosis, with resulting paralysis, which has persisted to time of death. Thrombosis of right popliteal artery, resulting in amputation of leg in 1952

INTERVAL BETWEEN ONSET AND DEATH
about 18

hrs.

last 6

yrs.

6 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
time of death. Thrombosis of right popliteal artery, resulting in amputation of leg in 1952

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?

22. I hereby certify that I attended the deceased from 9-24, 1947, to 3-15, 1953, that I last saw the deceased alive on 3-15, 1953, and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

D. S. Parker M.D.

23b. ADDRESS

410 Jackson, Joplin, Missouri

23c. DATE SIGNED

3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE

3-19-53

24c. NAME OF CEMETERY OR CREMATORY

OZARK MEMORIAL PARK

24d. LOCATION (City, town, or county) (State)

JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG.

3-25-53

REGISTRAR'S SIGNATURE

D. S. Parker 138-
by Delia S. Campbell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

495
0

RECEIVED 3-30-53
Jasper County Health Office

County File Number 53/3/294
Date Filed 3-31-53

APR 24 1953

APR 1 1953

RE

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. 466

Signed.....
Student Embalmer
Jack D. Parker

Signed.....
F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.