

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **13193**

No. 300  
10. 48

**FILED MAY 11 1953** REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4025** Registrar's No. **34**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Barry</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Wheaton</b>	a. STATE <b>Oklahoma</b>	b. COUNTY <b>Ottawa</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township): <b>Miami</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wheaton Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>8350</b> <b>8</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Bert</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Wilbur</b>	(Month) <b>5</b>	(Day) <b>3</b>	(Year) <b>1953</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>10-13-1953</b>	<b>9. AGE (In years last birthday)</b> <b>76</b>	<b>IF UNDER 1 YEAR</b> Months <b>76</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farm</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Dudenville, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Sylvester Wilbur</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Gabrilla Parnell</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary F. Wilbur</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Grace F. Ulmer</b>
		<b>ADDRESS</b> <b>Carthage, Mo.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 mo.</b>  <b>5 years.</b>  <b>10 years.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardiac decompensation</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Cardis-renal-hepatic syndrome</b> <b>DUE TO (c) Syphilitic carcinoma</b>		
<b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>442 x H</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 4/24, 1953, to 5/3, 1953, that I last saw the deceased alive on 5/3, 1953, and that death occurred at 3:20 P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>Fred R. Clark D.O.</b>	<b>23b. ADDRESS</b> <b>Wheaton, Mo.</b>	<b>23c. DATE SIGNED</b> <b>5/3/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>5-6-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Park Cemetery</b>
		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Carthage, Missouri</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>5-4-1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Grace Williams</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Ulmer Funeral Home</b>	<b>ADDRESS</b> <b>Carthage, Mo.</b>
--	---	--	--

**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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carters, 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.**