

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25428

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

7067

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>St Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>St Louis</u> | | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D. O. A. Daniel Phillips</u> | | | | e. STREET ADDRESS (If rural, give location) <u>12 47.05 Remington Ave. 2129</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Heslie</u> b. (Middle) <u>Arnold</u> c. (Last) <u>Wibbiam</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1954</u> | | | | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>Cob</u> | | 7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>Nov 26, 1907</u> | | | |
| 9. AGE (In years last birthday) <u>46</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Grove, Mississippi</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>Yes</u> | | 13a. FATHER'S NAME <u>Wibbie Wibbiam</u> | | 13b. MOTHER'S MAIDEN NAME <u>Heslie Wibbiam</u> | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>409-34-4730</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Gray, 4300 Maffitt</u> | | | | | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) <u>Cardiac Hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | 21f. HOW DID INJURY OCCUR? <u>4343</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>305A</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Joseph M. Deane</u> (Name or title) | | | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>7/30/54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Trail</u> | | 24b. DATE <u>7/28/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CRAWFORDS VILLE ART.</u> | | 24d. LOCATION (City, town, or county) (State) <u>CRAWFORDS VILLE, MISSOURI</u> | | | |
| DATE REC'D BY LOCAL REG. <u>JUL 30 1954</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. P. HEAMAN, 4247 W. Habalus</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *V. Claude Gordon*.....

Licensed Embalmer No. *348*.....

P. O. Address *4575 Alder*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.