

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5704

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5883</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FRANKENSTEIN Linn</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>FRANKENSTEIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>FRANKENSTEIN R.D.</u>				e. STREET ADDRESS (If rural, give location) <u>R.D. 0760</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>REGINA</u>			b. (Middle) _____			c. (Last) <u>WIBBERG</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 20-1955</u>							
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 19-1912</u>	
9. AGE (In years last birthday) <u>42</u>		10. UNDER 1 YEAR Months <u>4</u>		11. UNDER 1 YEAR Days <u>1</u>		12. UNDER 1 YEAR Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Frankenstein Mo 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Peter Troesser</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Haslag</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Wibberg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>R.D. Mr Frank Wibberg</u> ADDRESS <u>Bonnots Mill, Mo</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) <u>Cerebral Embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u>						DUE TO (c) <u>15 yrs.</u>	
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 _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Aug 29, 1954</u> , to <u>Feb. 20, 1955</u> , that I last saw the deceased alive on <u>Aug 29, 1954</u> , and that death occurred at <u>8:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. S. T. Lella M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>2-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/23/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parish Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Frankenstein Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 22-1955</u>		REGISTRAR'S SIGNATURE <u>T. C. ...</u> <u>235</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde ...</u> ADDRESS <u>Linn Mo</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... *Vernon M. Morte*

Licensed Embalmer No... *416*

P. O. Address *Linn, T*

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.