

FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37818

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft Leonard Wood, Mo</u>		c. CITY OR TOWN <u>Newburg</u>	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
c. LENGTH OF STAY (in this place) <u>30 MIN</u>		e. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. ARMY HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDA</u> b. (Middle) <u>SUE</u> c. (Last) <u>WILBER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>28 July 1955</u>
9. AGE (In years last birthday) <u>4</u> <u>6</u> Months Days		10. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>GREAT LAKES, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

3a. FATHER'S NAME <u>ROBERT H WILBER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNETA TURNER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>9170</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT H WILBER</u>	
18. ADDRESS (If yes, give war or dates of service)					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burns, skin, 70% (hot water)</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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>9170</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 <u>17</u>		20. AUTOPSY? YES ☐ NO ☒	

1a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newburg Phelps Missouri</u>	
2d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 3 55 1730</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Spout of faucet, was turned on accidentally</u>	
2. I hereby certify that I attended the deceased from <u>3 Dec 1955</u> , to <u>3 Dec 1955</u> , that I last saw the deceased alive on <u>3 Dec 1955</u> , and that death occurred at <u>7:50 P.M.</u> , from the causes and on the date stated above.					
3a. SIGNATURE <u>Anthony J. T. 1990</u> (Degree or title)		3b. ADDRESS <u>751 S. Army Hospital</u>		3c. DATE SIGNED <u>3 Dec 1955</u>	
3a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVAL</u>		3b. DATE <u>DEC 4-1955</u>		3c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	
3d. LOCATION (City, town, or county) (State) <u>Rolla Mo</u>		3e. FUNERAL DIRECTOR'S SIGNATURE <u>Billy Jr. Redger</u>		3f. ADDRESS <u>Richland Mo</u>	
3g. DATE REC'D BY LOCAL REG. <u>2-3-55</u>		3h. REGISTRAR'S SIGNATURE <u>Paula Grace Anderson</u>		3i. (Licensed Embalmer's Statement on Reverse Side)	

Date Filed 12-3-55
File Number

Pulaski County Health Officer

RECEIVED 12-3-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Clarence D. Moore*

Licensed Embalmer No.

P. O. Address *Way*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.