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

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4190

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY
c. LENGTH OF STAY (in this place): ONE HOUR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOKANE
d. STREET ADDRESS (If rural, give location): R.F.D.

0 140 1

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH
c. (Last): WIBBERG

4. DATE OF DEATH (Month) (Day) (Year): FEB. 23, 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: OCT. 18-1942
9. AGE (In years last birthday): 14 — IF UNDER 1 YEAR: Months 4, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Frankenstein, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Conrad Wibberg
13b. MOTHER'S MAIDEN NAME: Marie Huesgen
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S ~~SIGNATURE OR~~ NAME: Conrad Wibberg — **ADDRESS**: Bonnots Mill, Mo. R.D.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia bilateral — 3 day
DUE TO (c) _____

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
493X
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) m.
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* 2-23-, 1956, *to* 2-23-, 1956, *that I last saw the deceased alive on* 2-23, 1956, *and that death occurred at* 3. P m., *from the causes and on the date stated above.*

23a. SIGNATURE L. B. Kubla (Degree or title) M.D.
23b. ADDRESS: Jefferson City, Missouri
23c. DATE SIGNED: 2-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-27-56
24c. NAME OF CEMETERY OR CREMATORY: Public Cemetery
24d. LOCATION (City, town, or county) (State): Mokane, Missouri

DATE REC'D BY LOCAL REG.: 25 Feb 1956
REGISTRAR'S SIGNATURE: R. P. Dorris M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Moton
ADDRESS: Linn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Vernon M. Moton

Licensed Embalmer No. 4125

P. O. Address Lenin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.