Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35239

STATE FILE NUMBER

Dr. Enloe

FILED NOV 5 1957 Registration District No. 77 Primary Registration District No. 5305 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Liberty Twnshp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.R.#3, Jeff City — Length of stay in Ib 69yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City 26 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R.3, Jefferson City — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Jospehine Middle Johannah Last Wilferth

4. DATE OF DEATH Month Nov Day 2 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Feb-18-1888

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Lohman, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Walther

13b. MOTHER'S MAIDEN NAME Katherine Niederwiemer

14. NAME OF HUSBAND OR WIFE John Wilferth

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. None

17. INFORMANT Mathilda Wunderlich, Address Jefferosn City, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerosis — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 27 57 to 11/2/57 and last saw her/him alive on 11/1/57
Death occurred at 2 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Howard Enloe MD (Degree or title)

22b. ADDRESS Jefferson City Mo.

22c. DATE SIGNED 11/3/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov-4-57

23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery

23d. LOCATION (City, town, or county) Schuberts, Missouri (State)

24. FUNERAL DIRECTOR Thorpe J Gordon, ADDRESS Jefferson City, Mo

25. DATE REC'D BY LOCAL REG. 2 Nov. 1957

26. REGISTRAR'S SIGNATURE R. P. Morris, MD - MR

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.