

Health,
Public
Service

FILED DEC 13 1957

STANDARD CERTIFICATE OF DEATH

39697

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 384

1. PLACE OF DEATH a. COUNTY <i>Cole</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Osage</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jefferson City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Westphalia Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) INSTITUTION <i>ST MARY'S Hospital</i>			Length of stay in 1b <i>DAY</i>			d. STREET ADDRESS (if outside, give location) <i>760</i>	
3. NAME OF DECEASED (Type or print) <i>JAMES August WILBERS</i>				4. DATE OF DEATH Month <i>Nov</i> Day <i>30</i> Year <i>1957</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Aug 10, 1941</i>	
9. AGE (In years last birthday) <i>16</i>		IF UNDER 1 YEAR Months <i>3</i> Days <i>20</i>		IF UNDER 24 HRS. Hour <i></i> Min. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HS SCHOOL</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <i>Westphalia Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>							
13. FATHER'S NAME <i>ANTON WILBERS</i>				14. MOTHER'S MAIDEN NAME <i>SOPHIA BAUER</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>ANTON WILBERS Westphalia Mo</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory Paralysis</i> <i>Dislocation 3rd cervical vertebra &</i> <i>transection of cord & quadriplegia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i></i> DUE TO (c) <i></i>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>car left highway & turned over</i>				
20c. TIME OF INJURY Hour <i>1:30</i> a. m. <i>pm.</i> Month, Day, Year <i>11-30-57</i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Public Highway</i>		20f. CITY, TOWN, OR LOCATION <i># 63</i>		20g. COUNTY <i>Osage</i>	
						STATE <i>Mo.</i>	
21. I attended the deceased from <i>Nov. 30, 1957</i> and last saw her <i>him</i> alive on <i>Nov. 30, 1957</i> Death occurred at <i>6:40 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. A. Casman MD</i>				22b. ADDRESS <i>Jefferson City, Mo.</i>		22c. DATE SIGNED <i>12-3-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>Dec. 3, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St Joseph</i>		23d. LOCATION (City, town, or county) (State) <i>Westphalia Mo</i>		
24. FUNERAL DIRECTOR <i>Lybster & Dulle</i>			ADDRESS <i>JC Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7 Dec 1957</i>		
26. REGISTRAR'S SIGNATURE <i>R.P. Harris MD MR</i>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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1-56

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.....



Licensed Embalmer No. 43

P. O. Address Jefferson

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.