

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 17 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 43812

Registration District No. 77 Primary Registration District No. 5304 Registrar's No. 394

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jetterson City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Jetterson City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RRH</u>			Length of stay in lb	d. STREET ADDRESS <u>RRH</u> (If outside, give location)			Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>JOHN</u> Last <u>WILBERS JR</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>12</u> Year <u>1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 1, 1957</u>		9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Jetterson City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>JAMES WILBERS SR.</u>				14. MOTHER'S MAIDEN NAME <u>ROSELLA PRINGER</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. <u>NONE</u>		17. INFORMANT <u>JAMES WILBERS SR.</u>		Address <u>J.C. MO.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>meningoencephalitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>? influenza</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Post operative meningococci</u>							INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>2 days</u>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>48.3X</u>					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			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.)	
20f. CITY, TOWN, OR LOCATION			COUNTY		STATE			
21. I attended the deceased from <u>Dec 10, 1957</u> to <u>Dec 12, 1957</u> and last saw ^{him} her alive on <u>Dec 12, 1957</u> Death occurred at <u>4-304</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Robert G. Panner, M.D.</u> (Degree or title)				22b. ADDRESS <u>Jetterson City, Mo.</u>		22c. DATE SIGNED <u>12-14-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12/14/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST STANLAUS</u>		23d. LOCATION (City, town, or county) (State) <u>WARDSVILLE MO</u>			
24. FUNERAL DIRECTOR <u>Sylvester D. Galle</u> ADDRESS <u>J.C. MO.</u>			25. DATE RECD. BY LOCAL REG. <u>16 Dec 1957</u>		26. REGISTRAR'S SIGNATURE <u>R.P. DORRIS, MD-MR.</u>			

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.....
Sylvester Dulle

Licensed Embalmer No. *43*

P. O. Address *Jefferson City*

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.