THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-009269
STATE FILE NUMBER

FILED APR 7 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jefferson City, Mo. Inside Limits Yes ☐ No ☐ X
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Marys Hospital Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage 0760
c. CITY OR TOWN Folk, Mo. Inside Limits Yes ☐ No ☐ 0
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LENA Middle THERESE Last BRUEMMER
4. DATE OF DEATH Month March Day 30 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH Sept. 28. 1874
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 6 Days 2 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
11. BIRTHPLACE (City and state or country) Miller County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herman Wilbers
13b. MOTHER'S MAIDEN NAME Pauline Frank
14. NAME OF HUSBAND OR WIFE Anton Wilbers
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 Frank Bruemmer Address J C Mo.

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 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 5 yrs.
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease.
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.) 2
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 Mar 19 '58 to Mar 30 '58 and last saw her alive on Mar 30 '58
Death occurred at 3:20 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl L. Loyd, M.D. (Degree or title)
22b. ADDRESS Jeff. City Mo.
22c. DATE SIGNED 3-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/2/58
23c. NAME OF CEMETERY OR CREMATORY St. Anthony
23d. LOCATION (City, town, or county) Folk, Mo. (State)

24. FUNERAL DIRECTOR Sylvester Sulle ADDRESS J C Mo.
25. DATE RECD. BY LOCAL REG. 10 April 1958
26. REGISTRAR'S SIGNATURE R. P. Morris, M.D. M.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....
Signature of Student Embalmer

Signed Sylvester Quille

Licensed Embalmer No. 4321

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.