

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009319

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 85

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JEFFERSON CITY		Inside Limits <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 WALNUT		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 312 WALNUT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle WILBERS Last			4. DATE OF DEATH Month MARCH Day 20 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 16, 1889	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months 2 Days 4 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) Taos, Mo. 0	
10c. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Gerhard Wekenborg		13b. MOTHER'S MAIDEN NAME Josephine Pranger	
13c. NAME OF HUSBAND OR WIFE Steve Wilbers		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Della Wilbers		Address J C Mo.		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><i>Pneumonia Bilateral</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u><i>490X</i></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u><i>Hypertrophic Arthritis Severe + Hypertensive cardiovascular disease Severe</i></u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u><i>1 day</i></u>	
20a. ACCIDENT <input 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.) <u><i>2</i></u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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><i>Jan 8 1954</i></u> , to <u><i>March 20 1958</i></u> and last saw her alive on <u><i>March 20 1958</i></u> Death occurred at <u><i>8 P. M.</i></u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u><i>William A. Casper</i></u>		(Degree or title) <u><i>0</i></u>		22b. ADDRESS <u><i>125 E High St Jefferson City Mo.</i></u>	
22c. DATE SIGNED <u><i>March 21 1958</i></u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/24/58		23c. NAME OF CEMETERY OR CREMATORY Resurrection	
23d. LOCATION (City, town, or county) Jefferson City, Mo.		(State)			
24. FUNERAL DIRECTOR <u><i>Sylvester Dulle</i></u>		ADDRESS J C MO.		25. DATE RECD. BY LOCAL REG. <u><i>22 March 1958</i></u>	
26. REGISTRAR'S SIGNATURE <u><i>R. P. Harris, MD-MR.</i></u>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Embalmer, or other person certifying to Part I must be causally related.

10
57

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 Quilla*

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.