

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029530

STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 172 Primary Registration District No. 56-43 Registrar's No. 53

| | | | |
|--|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCORDIA</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>CONCORDIA</u> 0540 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1017 MAIN ST.</u> | | Length of stay in 1b <u>79 YRS</u> | d. STREET ADDRESS (If outside, give location) <u>1017 MAIN STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA BERTHA WIEBUSCH</u> | | | 4. DATE OF DEATH Month Day Year <u>Aug 21 1958</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>OCT 10. 1878</u> |
| 9. AGE (In years last birthday) <u>79</u> | | 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) <u>HOUSEWIFE RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | 11. BIRTHPLACE (City and state or country) <u>CONCORDIA, MO</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>William Kops</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>JOHANNA FUCHS</u> | | 14. NAME OF HUSBAND OR WIFE <u>HENRY WIEBUSCH</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>NO</u> | 17. INFORMANT <u>WALTER WIEBUSCH</u> Address <u>CONCORDIA, 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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Myocarditis -</u> DUE TO (c) <u>4201</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>—</u> <u>—</u> |
| 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 type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u> | |
| 20c. TIME OF INJURY Hour Month, Day, Year <u>—</u> | | 20d. INJURY OCCURRED WHILE AT NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <u>—</u> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>—</u> | |
| 21. I attended the deceased from <u>5/20/58</u> to <u>8/21/58</u> and last saw her alive on <u>5/21/58</u> Death occurred at <u>7:20 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Edmund Bernack MD.</u> (Degree or title) | | 22b. ADDRESS <u>Concordia, Mo.</u> | 22c. DATE SIGNED <u>5/21/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Aug. 23, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u> | 23d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u> |
| 24. FUNERAL DIRECTOR <u>F. S. James</u> ADDRESS <u>Concordia, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Aug 25-58</u> | 26. REGISTRAR'S SIGNATURE <u>Lutie Dordon Jordan</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. J. James.....
Licensed Embalmer No. 2058.....
P. O. Address Concordia.....

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.