

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038524

STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STE. GENEVIEVE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 150 SCRAPHIN ST		Length of stay in lb 5 YRS 4	d. STREET ADDRESS (If outside, give location) 150 SCRAPHIN ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LOTTIE Middle MARY Last WILDER			4. DATE OF DEATH Month OCT Day 15 Year 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 29 1902	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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) ST LOUIS MO 0	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME CHARLES HOBAS	13b. MOTHER'S MAIDEN NAME ANNA BANKE	14. NAME OF HUSBAND OR WIFE HARRY O. WILDER
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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. 494-36-8583	17. INFORMANT Address Kerry O. Wilder Ste Genevieve Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Uterus Carcinoma of Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4 yrs 1
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 <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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 174X	COUNTY	STATE
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21. I attended the deceased from Decem. 1, 1954 to Oct. 15, 58 and last saw her/him alive on Dec. 15-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Chelapsa M	22b. ADDRESS Ste Genevieve Mo	22c. DATE SIGNED 12-16-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removed	23b. DATE 10/18/58	23c. NAME OF CEMETERY OR CREMATORY CAVALARY	23d. LOCATION (City, town, or county) (State) ST LOUIS MO
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24. FUNERAL DIRECTOR Geo. C. Barber Ste. Genevieve Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Oct. 17, 1958	26. REGISTRAR'S SIGNATURE Willie Barber
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 7 1958

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 *Adrian J. Miller*

Licensed Embalmer No. *4740*

P. O. Address *Ste. Geneva*

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.