

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021089

STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 69

5. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BETHANY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KIDDER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NOLL HOSP		Length of stay in lb 12 Days	d. STREET ADDRESS (If outside, give location) 0/3 o
3. NAME OF DECEASED (Type or print) First Middle Last LENA SARAH HARTER			4. DATE OF DEATH Month Day Year JUNE 14-1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 16-1864
9. AGE (In years last birthday) Months Days Hours Min. 94 6 28		9. AGE (In years last birthday) Months Days Hours Min. 94 6 28	
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) LEXINGTON MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME RUDALPH WIEBKE	
13b. MOTHER'S MAIDEN NAME GOODBRAKE		14. NAME OF HUSBAND OR WIFE	
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 Herbert Harter Cameron MARR.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTESTINAL OBSTRUCTION			INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) POSSIBLE CANCER OF COLON.			unknown.
DUE TO (c)			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			YT
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, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 6-2-59 , to 6-14-59 and last saw ^{her} _{him} alive on 6-13-59 Death occurred at 5:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert H. Wiebke M.D.		22b. ADDRESS Bethany Mo	22c. DATE SIGNED 6-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-14-59	23c. NAME OF CEMETERY KIDDER
23d. LOCATION (City, town, or county) KIDDER		23e. STATE MO	
24. FUNERAL DIRECTOR Virgil V. Stump Winston, Mo		25. DATE RECD. BY LOCAL REG. 6-18-1959	26. REGISTRAR'S SIGNATURE Zella Maxey

MAR 23 1960

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 *Laurence J. Thompson*

Licensed Embalmer No. *4735*
P. O. Address *Cameron, Md*

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.