

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043012

LED VS NOV 16 1960

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 128

STATE FILE NUMBER

ED
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Perry		b. CITY (If outside corporate limits, give TOWNSHIP only) Perryville		a. STATE Mo.		b. COUNTY Perry		
c. FULL NAME OF HOSPITAL OR INSTITUTION Perry County Memorial Hospital		Length of stay in 1b		c. CITY OR TOWN Schnurbusch		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS Perry County Memorial Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First Mary		Middle Theresa		Last Wibbenmeyer		Month Day Year Oct. 18, 1960		
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 Feb. 3, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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) Perry County, Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Anton Buchheit			13b. MOTHER'S MAIDEN NAME Barbara Meyer			14. NAME OF HUSBAND OR WIFE G.E. Wibbenmeyer		
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.		17. INFORMANT Schnurbusch, Mo. Robert Wibbenmeyer,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Cerebral Emboli, massive						3 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Arteriosclerotic dissection of aorta		
						4 days		
DUE TO (c) Arteriosclerotic aortic stenosis						5 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
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 Oct. 16, 1960 to Oct. 18, 1960 and last saw her alive on Oct. 18, 1960 Death occurred at 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) A.E. McDermott, MD				22b. ADDRESS Perryville, Mo.			22c. DATE SIGNED Oct. 23, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 21, 1960		23c. NAME OF CEMETERY OR CREMATORY Catholic Cem.		23d. LOCATION (City, town, or county) (State) Schnurbusch, Mo.		
24. FUNERAL DIRECTOR ADDRESS Albert Bey, Perryville, Mo.				25. DATE RECD. BY LOCAL REG. 10/24/60		26. REGISTRAR'S SIGNATURE Joe J. Zollner		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Albert Bey

Licensed Embalmer No. *386*

P. O. Address *Ferryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to conform 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.