

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033632

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 29-61

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 20 1961

1. PLACE OF DEATH
 a. COUNTY Miller
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jim Henry Twp. Length of stay in 1b Life
 c. CITY OR TOWN St. Elizabeth Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Residence on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Miller

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Mary Magdelan (Lena) Wilbers Sept. 15, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-28-1882 9. AGE (last birthday) 79
 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) Domestic Housework 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Elizabeth, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Joseph Wilbers 13b. MOTHER'S MAIDEN NAME Caroline Heimann 14. NAME OF HUSBAND OR WIFE Not Married

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 Bernard Wilbers Address St. Elizabeth, 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) Carcinoma of ascending colon INTERVAL BETWEEN ONSET AND DEATH 1 yr.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 1959 to 9/15/61 and last saw her alive on 9/13/61. Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.M. A. Gould DO 22b. ADDRESS Iberia Mo 22c. DATE SIGNED 9/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-18-1961 23c. NAME OF CEMETERY OR CREMATORY St. Lawrence Cemetery 23d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo.

24. FUNERAL DIRECTOR Scrivner-Stevinson ADDRESS Iberia, Mo. 25. DATE RECD. BY LOCAL REG. September 16, 1961 26. REGISTRAR'S SIGNATURE Mr. D. E. Kallenbach

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 J. J. Swinson

Licensed Embalmer No. 4073

P. O. Address Stover Mo.

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.