

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41567

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5643</u>		Registrar's No. <u>101</u>	
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 OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (in this place) <u>FREEDOM 7 MONTHS</u>		c. CITY OR TOWN <u>CONCORDIA MO RURAL</u>		54	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>+</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL 2 MI EAST CONCORDIA. MO</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILHELMINA</u>		b. (Middle) <u>SOPHIA</u>		c. (Last) <u>TEBBENKAMP</u>	
4. DATE OF DEATH		(Month) <u>DEC</u>		(Day) <u>15</u>		(Year) <u>1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>SEPT 17. 1870</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>CONCORDIA. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>WILLIAM PLOEGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KOPPENBRINK</u>	
14. NAME OF HUSBAND OR WIFE <u>✓</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. THEO. MEYER</u>				ADDRESS <u>CONCORDIA, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypostatic pneumonia 2 weeks</u>					
		DUE TO (c) <u>Previous unilateral paralysis</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<u>Lafayette, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10/31, 1949</u> , to <u>12/15, 1949</u> that I last saw the deceased alive on <u>12/15, 1949</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. R. Robinson, D.O.</u>				23b. ADDRESS <u>Concordia Mo.</u>		23c. DATE SIGNED <u>12/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>METHODIST CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec-19-1949</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Langrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>		ADDRESS <u>Concordia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 29

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-30-49

**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.

Signed E. S. James

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia 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 this body is not embalmed, fact should be so stated above.