

STANDARD CERTIFICATE OF DEATH

State File No. 118

FILED MAR 10 1953

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>118</u>		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>				
b. CITY OR TOWN <u>TOPLIN</u>		c. LENGTH OF STAY (in this place) <u>23 yrs</u>		c. CITY OR TOWN <u>TOPLIN</u>		d. STREET ADDRESS (If rural, give location) <u>421 OLIVER</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 OLIVER</u>				d. STREET ADDRESS (If rural, give location) <u>421 OLIVER</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILMA</u>			b. (Middle) <u>CEDERBURG</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>3 4 52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>		8. DATE OF BIRTH <u>10/29/1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months Days IF UNDER 10 HRS: Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CAFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON CO. OHIO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>ISAAC STOLLAR</u>			13b. MOTHER'S MAIDEN NAME <u>SAVANNAH J. DAUGHERTY</u>			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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. Lynn</u> ADDRESS <u>421 Oliver</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ventricular Fibrillation</u> DUE TO (c) <u>Influenza</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>May 1951</u> , to <u>March 4, 1953</u> , that I last saw the deceased alive on <u>March 4, 1953</u> and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Medred H. H. Huber, M.D.</u>				23b. ADDRESS <u>517 Seng. Ave</u>		23c. DATE SIGNED <u>3/5/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/7/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEM. PK</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>		
DATE REC'D BY LOCAL REG. <u>3-6-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>REX FURBER GLOVER PORT. 422</u>				

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

RECEIVED 3-9-53
Jasper County Health Office

County File Number 53/3/224
Date Filed 3-9-53

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 _____
Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Hopkins, 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.