

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 7 - 1956

State File No. 34946

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5920</u>		Registrar's No. <u>127</u>			
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Perry</u>	
b. CITY OR TOWN <u>Rural Union Township</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Biehle</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Biehle, Mo. R.I.</u>				e. STREET ADDRESS (If rural, give location) <u>R.I.</u>		0790			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephan</u>			b. (Middle) <u>Anton</u>		c. (Last) <u>Wibbenmeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 22, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 19, 1892</u>		9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Theodore Wibbenmeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Laurentius</u>			14. NAME OF HUSBAND OR WIFE <u>Ida Buchheit Wibbenmeyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Wibbenmeyer, Biehle, Mo. R.I.</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>						<u>10 yr</u>	
		ANTECEDENT CAUSES							
		DUE TO (b) <u>mitral insufficiency</u> DUE TO (c) <u>arteriosclerosis</u>							
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) _____				4210	
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>1945</u> , 19____, to <u>10-22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-20</u> , 19 <u>56</u> , and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Om W. Welman, Jr.</u>				23b. ADDRESS <u>Perryville Mo</u>				23c. DATE SIGNED <u>10-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 24, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Schnurbusch, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 23-56</u>		REGISTRAR'S SIGNATURE <u>Joseph Zoller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Wey</u>				ADDRESS <u>Perryville, Mo.</u>	

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

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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, ~~embalmer~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Albert Ber...*

Licensed Embalmer No. *3876*

P. O. Address *Ferrisville*

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.