

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 - 1957

43174

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 30

| | | | |
|---|------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sweet Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Sweet Springs <u>09</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lange Rest Home Length of stay in 1b 4 yr. 6 mo | | d. STREET ADDRESS 204 West Virginia Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MARY Middle ELIZABETH Last WILLBRANDT | | | 4. DATE OF DEATH Month November Day 27 Year 1957 |
| 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 August 10, 1868 |
| 9. AGE (In years last birthday) 89 | | 10. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Elmwood, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13. FATHER'S NAME David M. Harris | | 14. MOTHER'S MAIDEN NAME Martha Forbes | |
| 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 Charles Harris, Sweet Springs, Mo Address |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Infirmities of Age | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. years. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4222 | | | 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 3:30 Month, Day, Year a. m. A 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 Sept. '53 to Nov. '57 and last saw her alive on 11-26-57 Death occurred at 3:30 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Paul R. Parker (Degree or title) | | 22b. ADDRESS Sweet Springs Mo | 22c. DATE SIGNED 11-27-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE November 29, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Pisgah Cemetery | 23d. LOCATION (City, town, or county) (State) Saline County, Mo. |
| 24. FUNERAL DIRECTOR L. F. Parker ADDRESS Sweet Springs, Mo | | 25. DATE RECD. BY LOCAL REG. Nov. 27, 1957 | 26. REGISTRAR'S SIGNATURE Mary Masley |

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 *L. F. Packer* _____

Licensed Embalmer No. 3840

P. O. Address Sweet Springs

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.