

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004904

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>JEFFERSON CITY MO</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>FREEBURG MO</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Length of stay in hospital or institution <u>ST MART'S Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>876 1/2</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>WILLIBRAND</u> Last <u>WILLIBRAND</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>11</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 8, 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		100. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
11. FATHER'S NAME <u>John Willibrand</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>John Willibrand</u>		14. MOTHER'S MAIDEN NAME <u>Bertrude Schwartz</u>	
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>488-42-8041</u>	
17. INFORMANT <u>Mrs. Anna Willibrand Freeburg Mo.</u>		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) <u>Metastatic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bronchiogenic Carcinoma</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>1621</u>
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <u>Sept 3, 1957</u> to <u>2-11-58</u> and last saw <u>him</u> alive on <u>2-11-58</u> Death occurred at <u>4:00</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. B. Kleber M.D.</u>		22b. ADDRESS <u>719 W High Jefferson City Mo.</u>	22c. DATE SIGNED <u>2-15-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/14/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holy Family</u>	23d. LOCATION (City, town, or county) (State) <u>Freeburg Mo</u>
24. FUNERAL DIRECTOR <u>Sylvester Dulle</u> ADDRESS <u>J C Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>15 Feb 1958</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Harris, MD, MR</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Illnesses in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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..... *Sylvester Dulle*

Licensed Embalmer No. 43

P. O. Address *Jefferson Co*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.