

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036983

STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONCORDIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CONCORDIA 0540
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1008 BISMARCK ST		Length of stay in lb 82 YRS	d. STREET ADDRESS (If outside, give location) 1008 BISMARCK ST
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MAGDALENA WOLPERS			4. DATE OF DEATH Month Day Year OCT 22 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 18 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) CONCORDIA, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME JOHN FERRING	13b. MOTHER'S MAIDEN NAME ELSIA KAMMEYER	14. NAME OF HUSBAND OR WIFE GUSTAV WOLPERS DECEASED
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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. No	17. INFORMANT OLGA BECKER	Address CONCORDIA, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Diabetes.		
DUE TO (c) -		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -
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20c. TIME OF INJURY Hour a.m. 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 -
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21. I attended the deceased from Death occurred at 10/11/58 6:30 a.m. to 10/22/58 and last saw ^{her} _{him} alive on 10/22/58 on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Edmund Sprack, M.D.	22b. ADDRESS Concordia, Mo.	22c. DATE SIGNED 10/23/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE OCT. 25, 1958	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S	23d. LOCATION (City, town, or county) (State) CONCORDIA MO
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24. FUNERAL DIRECTOR E. J. Jones	ADDRESS Concordia Mo	25. DATE RECD. BY LOCAL REG. Oct 25-58	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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, or by me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....
P. O. Address Concordia.....

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.