

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43471**  
Registrar's No. **73**

FILED JAN 2 1958

BIRTH NO. _____		REG. DIST. NO. <b>32</b>		PRIMARY REG. DIST. NO. <b>5112</b>		Registrar's No. <b>73</b>	
1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: rank/grade before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>			
b. CITY OR TOWN <b>Leopold Mo.</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>Leopold</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Leopold, Mo</b>				e. STREET ADDRESS (If rural, give location) <b>RD 40</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kathryn</b> b. (Middle) <b>Louise</b> c. (Last) <b>wubker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-25-57</b>				
5. SEX <b>Fm</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Dec. 4, 1882</b>		9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Leopold, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Henry Wubker</b>		13b. MOTHER'S MAIDEN NAME <b>Gesine Debrock</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Wubker - Inquest MD</b> ADDRESS _____			
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) <b>Coronary Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <b>H 201</b> (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		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 <b>2/2</b> , 19 <b>57</b> , to <b>2/25</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>2/24</b> , 19 <b>57</b> , and that death occurred at <b>2:15 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John Wubker MD</b>			23b. ADDRESS <b>Lutesville Mo</b>		23c. DATE SIGNED <b>1/27/57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12-27-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns</b>		24d. LOCATION (City, town, or county) <b>Leopold, Mo</b> (State) _____		
DATE REC'D BY LOCAL REG. <b>12/28/57</b>		REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene Ward Lutesville, Mo</b> ADDRESS _____			

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, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *A. C. Davis*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.