

REC'D AUG 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26258
Do not use this space.

1. PLACE OF DEATH *Miller* ²
(a) County *Miller* Registration District No. *6*
(b) Township *Osage* ¹ Primary Registration District No. *5760*
(c) City *Dixon R3* (d) Street No. _____ Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Ben L. Dubbert*
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF <i>Rose Steinman</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April-3-1889</i>		
7. AGE	YEARS <i>50</i>	MONTHS <i>3</i>
	DAYS <i>17</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Farmer</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <i>July 10-1938</i>	11. Total time (years) spent in this occupation <i>Life</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miller County Mo.</i>		
FATHER	13. NAME <i>Anton Dubbert</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Josephine Hake</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
17. INFORMANT (ADDRESS) <i>John Dubbert Dixon, Mo. R3</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Stanton County</i> DATE <i>7/24</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>O. G. Daxey Ibora</i>		
20. FILED <i>7-27</i> 1939 <i>John S. Schweitzerman</i> Local Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/21* 1939

22. I HEREBY CERTIFY, That I attended deceased from *July 18* 1939, to *July 21* 1939
I have seen *him* alive on *July 20* 1939 Death is said to have occurred on the date stated above, at *4:30 P.M.*
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus 1936
54
Other contributory causes of importance:
Hypostatic pneumonia 7/20/39

Name of operation _____ X Date of _____ X
What test confirmed diagnosis? *Wendy's* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ X Date of injury _____ X 19__ X
Where did injury occur? _____ X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____ X

Manner of injury _____ X
Nature of injury _____ X

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____ X
(Signed) *Bouley J. J. J.*
Brinkman, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

RECEIVED

Miller County Health Dep't.

County File Number 39-99

Date Filed 8-14-39

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.....

Laron Adams....., Registered Apprentice No. 211

working under my personal supervision.

Signed E. L. Casey.....

Licensed Embalmer No. 2694

P. O. Address Idria, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.