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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11396

State File No.

Registrar's No.

Registration District No. 561

Primary Registration District No. 5756

19

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon (Rural, Saline) Franklin
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon (Rural, Saline)
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? years.

3. (a) PRINT FULL NAME Christian L. Duby

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 30 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Elgin Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Christian Duby

13. Birthplace Switzerland (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Miller

15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Alice Duby

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 3-7-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 3-7-1941 (b) Belle Haynes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 2-21 1941 to 3-5 1941; that I last saw him alive on 3-4 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary failure Duration: 1 week

Due to: Chronic myocarditis with arricular fibrillation Duration: 2 years

Due to: Senility

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

495 (Specify type of place)

While at work? (e) Means of injury

23. Signature James Hallie M.D. (M. D. or other)

Address Eldon Mo Date signed 3-7-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
Miller County Health Dept.
County File Number 41-42
Date Filed _____

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 _____

Louis D. Phillips, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis D. Phillips
Licensed Embalmer No. 3663
P. O. Address Bedford

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.