No. 300
10.48

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FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7738

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (In this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCLEARY CLINIC & HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: NORTH DAKOTA
b. COUNTY: BOTTINEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KRAMER
d. STREET ADDRESS (If rural, give location): RURAL

3. NAME OF DECEASED (Type or Print)
a. (First): DELBERT
b. (Middle):
c. (Last): VOLBRECHT

4. DATE OF DEATH (Month) (Day) (Year): FEB. 25 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 11, 1906
9. AGE (In years last birthday): 42 — If under 1 year: Months 4 Days 14 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY?: UNK

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNK.
17. INFORMANT'S SIGNATURE OR NAME: McCLEARY HOSPITAL RECORDS — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hemorrhoidectomy
DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 260X

19a. DATE OF OPERATION: 2/24/49
19b. MAJOR FINDINGS OF OPERATION: Hemorrhoid b tabs
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24 *19*49, *to* 2-25 *19*49, *that I last saw the deceased alive on* 2-22 *19*49, *and that death occurred at* 4:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Excelsior Springs Mo
23c. DATE SIGNED: 2-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: FEB. 25, 1949
24c. NAME OF CEMETERY OR CREMATORY: UNK
24d. LOCATION (City, town, or county) (State): UNK

DATE REC'D BY LOCAL REG.: 2/26/49
REGISTRAR'S SIGNATURE: Geraldine Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE: Claude Pritchard — ADDRESS: Ex Springs, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number 3
Date Filed 3-23-49

APR 12 1950

APR 1 1949

SEP 20 1950

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 _____
Student Embalmer

Signed Colbert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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 this body is not embalmed, fact should be so stated above.