

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 4 1949 STANDARD CERTIFICATE OF DEATH

State File No. **11204**

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6120** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Shannon b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. #2 Birch Tree Bartlett Twp c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. COUNTY Shannon c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. #2 Birch Tree Bartlett Twp d. STREET ADDRESS (If rural, give location) _____	
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3. NAME OF DECEASED (Type or Print) Lilbern Samuel Dubbles	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) 2-24-49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 22, 1880	9. AGE (In years last birthday) 69	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) Farming	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Iowa Point, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Dubbles	13b. MOTHER'S MAIDEN NAME Unknown Marcum	14. NAME OF HUSBAND OR WIFE Grace Dubbles
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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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs L S Dubbles Birch Tree, Mo.
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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) Influenza ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 481X	INTERVAL BETWEEN ONSET AND DEATH Mod. 48
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 27, 1949, to Feb 24, 1949, that I last saw the deceased alive on Feb 23, 1949, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. L. Davis M.D.	23b. ADDRESS Birch Tree Mo	23c. DATE SIGNED 3/12-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-27-49	24c. NAME OF CEMETERY OR CREMATORY Montier Cemetery	24d. LOCATION (City, town, or county) (State) Montier, Mo.
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DATE REC'D. BY LOCAL REG. 3-28-49	REGISTRAR'S SIGNATURE B. B. Reeves	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home, mtn View, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

101

RECEIVED

District Health Officer No. 5.

District File Number 449 230

Date Filed 4-1-49

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 Joe L. Duncan

Licensed Embalmer No. 4325

P. O. Address W. View, Ga.

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.