

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17748

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Randolph Twp.	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elvins Route 1 Mo.		d. STREET ADDRESS (If rural, give location) Elvins Route 1, Mo.	

3. NAME OF DECEASED (Type or Print) Andrew Dubbs			4. DATE OF DEATH (Month) (Day) (Year) May 5 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 25, 1874	9. AGE (In years, Months, Days, Hours, Min.) 76 4 10	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Theodore Dubbs	13b. MOTHER'S MAIDEN NAME Sarah Simmons	14. NAME OF HUSBAND OR WIFE Clara Dubbs
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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Dubbs Elvins R. #1 Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE Restant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	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. Chylosteatosis, arteriosclerosis general			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 not attended , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:00 PM , from the causes and on the date stated above.		

23a. SIGNATURE H. P. Gerber M.D.	23b. ADDRESS Residence No. 5-7-51	23c. DATE SIGNED 5-7-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/8/51	24c. NAME OF CEMETERY OR CREMATORY Woodlawn
24d. LOCATION (City, town, or county) (State) Leadington, Mo.		

DATE REC'D BY LOCAL REG. May 8, 1951	REGISTRAR'S SIGNATURE Ethel Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son	ADDRESS Leadington, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

941

File No. _____
DISTRICT HEALTH OFFICE No. 1

MAY 29 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed P. T. Boyer.

Signed.....
Student Embalmer

Licensed Embalmer No. 3660.

P. O. Address Dealeys, 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.