

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5227

State File No. ....

LED MAR 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 58

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u>   |  |
| c. LENGTH OF STAY (in this place) <u>45 days</u>   |  | d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Still</u>                                      |  |  |  |

|                                     |                          |                       |                         |  |
|-------------------------------------|--------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Olivia</u> | b. (Middle) <u>R.</u> | c. (Last) <u>Dueber</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1953</u> |
|-------------------------------------|--------------------------|-----------------------|-------------------------|--|

|                      |                               |   |  |   |   |   |
|----------------------|-------------------------------|---|--|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Oct. 5th, 1877</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--|---|---|---|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tipton, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>Gustav Dueber</u> | 13b. MOTHER'S MAIDEN NAME <u>Adelia Holtschnider</u> | 14. NAME OF HUSBAND OR WIFE <u>-----</u> |
|---|--|--|

|  |                               |   |
|--|-------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lawrence Dueber (Brother) Tipton, Mo</u> |
|--|-------------------------------|---|

|  |  |  |                                       |
|--|--|--|---------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><br>*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 ONSET AND DEATH      |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency Decompensated.</u>  |  |                                       |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive</u><br>DUE TO (c) <u>Thrombosed arteriosclerosis</u> |  | <u>2 yrs.</u><br><u>Approx 6 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                                       |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u> | 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 Jan 12, 1952, to Feb 26, 1953, that I last saw the deceased alive on Feb 25, 1953, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

|   |                                |                                 |
|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>L. Luebeck D.D.</u> | 23b. ADDRESS <u>Tipton, Mo</u> | 23c. DATE SIGNED <u>2-27-53</u> |
|---|--------------------------------|---------------------------------|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>MAR 2 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Tipton Missouri</u> |
|---|-----------------------------|---|--|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>2-27-53</u> | REGISTRAR'S SIGNATURE <u>R.P. DORRIS MOI</u> | FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James E. Richard Tipton, Mo</u> |
|---|--|---|

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

cause of death myocardial insufficiency decompensated

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

*Jesse E. Richards*

Licensed Embalmer No. *2466*

P. O. Address *Lipton, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Moniteau } ss.

State File No. 5227  
Local Registrar's No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of March, 1953, before me appears Jewell E. Richards, who, upon his oath, states that the original record of <sup>birth</sup> death

for OLIVIA R. DUEBER, <sup>died</sup> February, 26th., 1953, in the State of Missouri, and which was filed at Jefferson City, Mo <sup>born</sup> Feb. 27 or 28, 1953, should be corrected as follows:

Item No. 3 should read OLIVIA R. DUEBER

Instead of OLIVE R. DUEBER

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Jewell E. Richards General Director  
Relationship.

Tipton, Missouri  
Present Address.

Subscribed and sworn to before me this 6th day of March, 1953

My Commission expires 10-21-1955 Raymond E. Douglas Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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MAR 13 1958