No. 300
10-48

FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4144 State File No. 21132

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. ~~5311~~ Registrar's No. 83

270
1

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

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Grove ~~Twp~~
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN: Pilot Grove
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): —

0270

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

4. DATE OF DEATH (Month) (Day) (Year): July 5, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 28, 1897
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory
10b. KIND OF BUSINESS OR INDUSTRY: Factory worker
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Martin Dueber
13b. MOTHER'S MAIDEN NAME: Mary Loeffler
14. NAME OF HUSBAND OR WIFE: Mary Dueber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 489-30-4939
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Dueber, Pilot Grove 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Angina Pectoris — 2 yrs
DUE TO (c):

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4202
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* July, 1951, *to* July 5, 1953, *that I last saw the deceased alive on* July 5, 1953, *and that death occurred at* 10:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas Neely 2 DO
23b. ADDRESS: Pilot Grove Mo
23c. DATE SIGNED: 7-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Martin's Cemetery
24d. LOCATION (City, town, or county) (State): Pilot Grove, Mo.

DATE REC'D BY LOCAL REG.: 7-7-53
REGISTRAR'S SIGNATURE: D E Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE: Hays & Painter, Pilot Grove Mo
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

JUL 14 1955

NOV 3 1953

AUG 27 1953

AUG 28 1953

JUL 3 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 406

P. O. Address Pilot Grou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.