

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 2 - 1953

BIRTH NO.		REG. DIST. NO. <u>385</u>	PRIMARY REG. DIST. NO. <u>3039</u>	Registrar's No. <u>584</u>
1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Des Moines</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Burlington</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>		c. LENGTH OF STAY (in this place) <u>2 Wks.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>1808 Sidney Side Ave</u>		
3. NAME OF DECEASED a. (First) <u>Albert Earl</u> (Type or Print)		c. (Last) <u>Cuddeback</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 26 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11 - 1888</u>	9. AGE (In years last birthday) <u>65</u> If UNDER 1 YEAR: Months <u>0</u> Days <u>15</u> If UNDER 4 Wks. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Govt.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>W. BURLINGTON IOWA</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Marionne Day</u>		
13b. MOTHER'S MAIDEN NAME <u>Florence Alice Ziger</u>		14. NAME OF HUSBAND OR WIFE <u>Rena May Brunke</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I - 1917-18</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. G. Cuddeback</u> ADDRESS <u>Burlington IA</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Head Injury</u> DUE TO (c) <u>8 fractured ribs left chest</u> 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #36</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Near Marceline, Linn MO</u> (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 13 1953</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
22. I hereby certify that I attended the deceased from <u>10-13 1953</u> , to <u>10-26 1953</u> , that I last saw the deceased alive on <u>10-26 1953</u> and that death occurred at <u>8:30</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. W. J. ...</u>		23b. ADDRESS <u>Marceline MO</u>		23c. DATE SIGNED <u>10-27-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Aspen Grove</u>
24d. LOCATION (City, town, or county) (State) <u>Burlington Des Moines Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. K. ...</u> ADDRESS		
DATE REC'D BY LOCAL REG. <u>10/26/53</u>		REGISTRAR'S SIGNATURE <u>Mary ...</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Can say all

NOV 13 1953

NOV 2 1953

FEB 3 1958

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 Lilburn K. Tillotson

Licensed Embalmer No. 4508

P. O. Address MARCELINE, 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.

36435

COPY OF BIRTH RECORD

STATE OF IOWA,
DES MOINES COUNTY.

Full Name of Child ALBERT EARL MORRIS CUDDEBACK
 Date of birth October 11, 1888
 Place of birth West Burlington, Des Moines County, Iowa
 Sex Male; No. of Child Not shown

Father's Name Manville Day Cuddeback
 Color - Age -
 Birthplace Cadillac, Michigan
 Usual Occupation Not shown

Mother's Maiden Name Flora Elizabeth Ziglar
 Color - Age -
 Birthplace West Burlington, Iowa
 Name and Address of Physician Not shown
 Filing Date May 5, 1942

I, **Donald H. Gerdom**, Clerk of the District Court of the State of Iowa, in and for the said County, do hereby certify that the foregoing is a true copy of the record of birth of Albert Earl Morris Cuddeback, as fully as the same appears of record on page 455 of Book No. 1 of the Records of this office.

This birth established as a delayed registration by the presentation of an affidavit and two adequate supporting documents as required by the regulations of the Iowa State Board of Health at that time.

WITNESS my hand and seal of Said Court hereto affixed, at my office in Burlington, in said county, on this 3rd day of November, 1953
Donald H. Gerdom Clerk

By _____ Deputy