

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5913 State File No. 9570

FILED MAR 23 1954

BIRTH NO.

REG. DIST. NO. 273

PRIMARY REG. DIST. NO. 305

Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry 8790					
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural Bois-Brule Twp		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Bois Brule Township					
3. NAME OF DECEASED (Type or Print) a. (First) Sophia			b. (Middle)		c. (Last) Dobbelare		4. DATE OF DEATH (Month) (Day) (Year) March 11, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3, 1863		9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Belgium 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Frank Nosses			13b. MOTHER'S MAIDEN NAME Lena Modde			14. NAME OF HUSBAND OR WIFE			
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 Alphonse Dobbelare			ADDRESS Menfro, Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Infinite year</i> 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.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) 794X					
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?					
22. I hereby certify that I attended the deceased from 2-1-1954 to 3-11-1954, that I last saw the deceased alive on MAR 9, 1954, and that death occurred at 11:45 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Dr. W. W. ...</i>				23b. ADDRESS Perryville Mo		23c. DATE SIGNED 3/11/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Belgique, Missouri				
DATE REC'D BY LOCAL REG. 3-2-54		REGISTRAR'S SIGNATURE <i>Joe J. Zellner</i>		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

190

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

MAR 24

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
Signature of Student Embalmer

Signed *Edward Young*

Licensed Embalmer No. *213*

P. O. Address *Peru, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.