No. 300
10.48

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

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37999

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 175 S Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson Twp.
c. LENGTH OF STAY (In this place): Life
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: Maries
c. CITY OR TOWN: Vienna, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Jackson Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): Joseph
c. (Last): Laubert

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1954.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 20, 1899
9. AGE (In years last birthday): 55 — If under 1 year: Months 1, Days 11 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Anthony Laubert
13b. MOTHER'S MAIDEN NAME: Clara Falter
14. NAME OF HUSBAND OR WIFE: Elizabeth Laubert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth Laubert
ADDRESS: Vienna, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) HODGKIN'S Disease — INTERVAL BETWEEN ONSET AND DEATH ?

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
201 X
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* 11-22-54, 19____, *to* 12-1-54, 19____, *that I last saw the deceased alive on* 12-1-54, 19____, *and that death occurred at* 7:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. C. Howard
(Degree or title): D.O.
23b. ADDRESS: Vienna, Missouri
23c. DATE SIGNED: 12-7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 4, 1954
24c. NAME OF CEMETERY OR CREMATORY: Visitation
24d. LOCATION (City, town, or county) (State): Vienna, Mo.

DATE REC'D BY LOCAL REG.: 12-7-54
REGISTRAR'S SIGNATURE: Pauline Howard
25. FUNERAL DIRECTOR'S SIGNATURE: H. C. Cunningham
ADDRESS: Vienna, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1955

DEC 22 1954

OCT 7 1955

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 36

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.