FILED JAN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42508

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6008 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. F. D. Huntsville Prairie
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: R. F. D. Huntsville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Prairie Township 0880

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

4. DATE OF DEATH (Month) (Day) (Year): Dec 30 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 27 1906
9. AGE (In years last birthday): 50
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): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (City and State or Foreign Country): Belgium
12. CITIZEN OF WHAT COUNTRY?: 4

13a. FATHER'S NAME: Victor Derboven
13b. MOTHER'S MAIDEN NAME: Mary Cretz.
14. NAME OF HUSBAND OR WIFE: Mrs Ola Derboven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 702-09-8602
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ola Derbovan. ADDRESS: R. F. D. Huntsvill

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) Exsanguination — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ruptured Esophageal Varix and Hemorrhage — 1 hr

DUE TO (c) Portal Cirrhosis (chronic) of Unknown cause. — unknown

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: 5810
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* 5-7, 1956, *to* 12-30, 1956, *that I last saw the deceased alive on* 12-30, 1956, *and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Per Y. Brolinson (Degree or title) D.O.
23b. ADDRESS: Higbee Mo.
23c. DATE SIGNED: 1-2-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 2 1957
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Moberly Mo.

DATE REC'D BY LOCAL REG.: 1-2-57
REGISTRAR'S SIGNATURE: Leah Wolume
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Burton Funeral Home Higbee Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 11 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. W. Friemonth

Licensed Embalmer No. 3

P. O. Address Glasgow

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