No. 300
10.48

FILED FEB 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4148

State File No.

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5309 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville Twsp.
c. LENGTH OF STAY (in this place) 74 Yrs.
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 Cooper
c. CITY OR TOWN Boonville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location) R. F. D. #3

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Wilhelm c. (Last) Torbeck
4. DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 23rd 1875
9. AGE (In years last birthday) 82 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and State or Foreign Country) Diepholtz Hanover Germany
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Torbeck
13b. MOTHER'S MAIDEN NAME Sophia Laars.
14. NAME OF HUSBAND OR WIFE Amelia Hasemeier Torbeck
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 ADDRESS Mrs. E. W. Torbeck, Boonville, 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) Cancer of rectum and Bladder — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

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 1955
19b. MAJOR FINDINGS OF OPERATION Cancer of Rectum and bladder 1998
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* Dec 10, 1955, *to* Feb 8, 1957, *that I last saw the deceased alive on* Feb 8, 1957, *and that death occurred at* 10:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE T C Beckett (Degree or title) M.D.
23b. ADDRESS Boonville Mo
23c. DATE SIGNED 2-9-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 10/1957
24c. NAME OF CEMETERY OR CREMATORY Billingsville
24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.

DATE REC'D BY LOCAL REG. 2/10/57
REGISTRAR'S SIGNATURE D G Hooper
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, M

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