

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 27 5 55

FILED SEP 9 1957

STATE FILE NUMBER 956

Registration District No. 42 Primary Registration District No. 1000

Registrar's No. 956

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St Joseph,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Meth. Hosp.</b>		Length of stay in lb <b>3 months</b>	d. STREET ADDRESS (If outside, give location) <b>719 No. 25th</b> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Carrie</b> Middle <b>Laubert</b> Last <b>Laubert</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>1,</b> Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 11, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Rushville, Mo</b>
13a. FATHER'S NAME <b>Thomas G. Bunten</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Gardner</b>	14. NAME OF HUSBAND OR WIFE <b>Harold F. Laubert (de)</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Frank Bunten, St. Joseph, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cirrhosis of the liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Over 4 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ascites.</b>			<b>Over 4 Mo</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>5810</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>6/19/57</b> to <b>9/1/57</b> and last saw her/him alive on <b>8/31/57</b> Death occurred on <b>9/1/57 12:45 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carrie Laubert</i> (Degree or title)		22b. ADDRESS <b>218 Nath Seventh</b>	22c. DATE SIGNED <b>9/3/57</b>
23a. BURIAL, CREMATION, REBURYAL (Specify) <b>Burial</b>	23b. DATE <b>9/3/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo</b>
24. FUNERAL DIRECTOR <b>Shute &amp; Sons, St. Joseph, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 6, 1957</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Robert Fulton</i>

MEDICAL CERTIFICATION

DEC 17 1951

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, ~~only~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John E. [Signature]* .....  
Licensed Embalmer No. *39* .....  
P. O. Address *St. Joe* .....

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