

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29046

STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RANDOLPH</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY</b>		c. CITY OR TOWN <b>MOBERLY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WOODLAND HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>214 LOTTER ST.</b>	
3. NAME OF DECEASED (Type or print) First <b>RUSSELL</b> Middle <b>PAUL</b> Last <b>DUBREE</b>		4. DATE OF DEATH Month <b>AUG.</b> Day <b>16,</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-15-1957</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>0</b> Days <b>1</b> IF UNDER 24 HRS. Hours <b>2</b> Min. <b>—</b>
11. BIRTHPLACE (City and state or country) <b>MOBERLY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>RUSSELL DUBREE, Jr.</b>		14. MOTHER'S MAIDEN NAME <b>JERRIE WATERFIELD</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>RUSSELL DUBREE, Jr. - Moberly</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>ataleclasis</b> DUE TO (b) <b>prematurity</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>30 hrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Premature delivery 7 1/2 mo</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 _____ Month, Day, Year _____ a. m. _____ p. m. _____			
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>8-15-57</b> to <b>8-16-57</b> and last saw <sup>her</sup> him alive on <b>8-16-57</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert H Young M.D.</b>		22b. ADDRESS <b>208 1/2 N. 4th. Moberly Mo.</b>	22c. DATE SIGNED <b>8-19-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-21-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET MEM. Gdns.</b>	23d. LOCATION (City, town, or county) (State) <b>MOBERLY, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>MAHAN FUNERAL SERVICE - MOBERLY</b>	25. DATE RECD. BY LOCAL REG. <b>8/17/57</b>	26. REGISTRAR'S SIGNATURE <b>Leah W. Lane</b>	

(Licensed Embolmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed .....

*John A. Green*

Licensed Embalmer No. 3

P. O. Address MOBERLY

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.