

Health, & Welfare
Public Service

Dr. Myrtle

3-24-57
1-6-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32666

STATE FILE NUMBER

FILED OCT 10 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		c. CITY OR TOWN Hannibal	
c. FULL NAME OF (If NOT in hospital, give location) St. Elizabeth		d. STREET ADDRESS (If outside, give location) 712 Grand	
3. NAME OF DECEASED (Type or print) First Ernest Middle J. Last Lubbering		4. DATE OF DEATH Month 10 Day 1 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/2/1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist (Retired)		11. BIRTHPLACE (City and state or country) Hannibal, Missouri	
13a. FATHER'S NAME George Lubbering		14. NAME OF HUSBAND OR WIFE Vivian Pryor Lubbering	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI		17. INFORMANT Mrs. Vivian Lubbering	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 day	
DUE TO (b) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201	
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 _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION Hannibal, Mo.	
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.)	
21. I attended the deceased from _____ to 10/1/57 and last saw her alive on _____ Death occurred at 9:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Myrtle Hamlin M.D.	
22b. ADDRESS Hannibal Mo.		22c. DATE SIGNED 10/5/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/3/1957	
23c. NAME OF CEMETERY OR CREMATORY GrandView Burial Park		23d. LOCATION (City, town, or county) (State) Hannibal, Missouri	
24. FUNERAL DIRECTOR H.M.C. O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 10/7/57	
		26. REGISTRAR'S SIGNATURE W. E. Lucke Reg. H. C. Fisher	

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED OCT 9 1957
MARION CO. HEALTH DEPT.
DATE FILED OCT 9 1957

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 *H. M. O'Donnell*

Licensed Embalmer No. 3889
P. O. Address Hannibal, Mo.

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