

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41167

STATE FILE NUMBER

FILED DEC 11 1957

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 49-57

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Miller	a. STATE Missouri		b. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Elizabeth, Mo	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Elizabeth	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION	Length of stay in 1b	d. STREET ADDRESS	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Frank Joseph Dubbert			NOV 24, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 9, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Koeltztown Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME August Dubbert			14. MOTHER'S MAIDEN NAME Elizabeth Puetts		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Otto Dubbert Tipton, Mo		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocarditis Chronic</i> <i>Carcinoma Pancreas & Metastasis</i> DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 month 5 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) 177X	
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 1947 to 11-24-57 and last saw him alive on 11-20-57
Death occurred at 8:25 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. E. Humphrey D.O.	22b. ADDRESS Tusculum, Mo.	22c. DATE SIGNED 11-28-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/27/57	23c. NAME OF CEMETERY OR CREMATORY St. Lawrence	23d. LOCATION (City, town, or county) (State) St. Elizabeth Mo
24. FUNERAL DIRECTOR'S NAME AND ADDRESS Hester's Homes Iberia, Mo		25. DATE RECD. BY LOCAL REG. 12-2-1957	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service
 300 1-56
 All symptoms will be listed. All 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

RECEIVED

DEC 9 '57

Miller County
Health Department

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.....

Walter P. Hedges

Licensed Embalmer No. *426*

P. O. Address *Kenia, 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.