

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022654  
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 231 Primary Registration District No. 4346 Registrar's No. \_\_\_\_\_

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Montgomery City Mo</b>		c. CITY OR TOWN <b>Montgomery City Mo</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb	
670 <sup>6</sup> STREET ADDRESS		(If outside, give location) <b>none</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <b>Anna C. Dornbusch</b>			4. DATE OF DEATH Month <b>6</b> Day <b>--</b> Year <b>17-1958</b>		
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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>12-29-1876</b>	9. AGE (In years last birthday) <b>81</b>	10. FUNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Jefferson City Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Herman Tellman</b>	13b. MOTHER'S MAIDEN NAME <b>Helen Dorman</b>	14. NAME OF HUSBAND OR WIFE <b>William Dornbusch Decd</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>496-32-1641</b>	17. INFORMANT Address <b>Mrs Freda Rewart Montgomery City Mo</b>
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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>Carcinoma of Liver secondary</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
DUE TO (b) <b>Carcinoma Regional-Primary</b>		
DUE TO (c) <b>1533</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from <b>1956</b> <b>June 17-58</b> and last saw her alive on <b>June 17-58</b> Death occurred at <b>2:00 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Edw. A. Audale D.O.</b>	22b. ADDRESS <b>Montgomery City Mo</b>	22c. DATE SIGNED <b>6-18-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-19-58</b>	23c. NAME OF CEMETERY <b>Bellefontaine</b>	23d. LOCATION (City, town, or county) <b>St Louis Mo</b>	(State)
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24. FUNERAL DIRECTOR <b>Chapman</b>	ADDRESS <b>MONTGOMERY CITY MO</b>	25. DATE RECD. BY LOCAL REG. <b>6-18-58</b>	26. REGISTRAR'S SIGNATURE <b>Laura B Calloway</b>
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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

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~~ on the 17th day of June 1958, Student Embalmer No. working under my personal supervision.

Student .....  
Signature of Student Embalmer

C. W. Hopkins,  
Signed *C. W. Hopkins* .....

Licensed Embalmer No. 1487.....  
Montgomery City Mo  
P. O. Address .....

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.