

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008804

STATE FILE NUMBER

MAR 26 1959

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 91

300  
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City, Mo
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		Length of stay in lb 40yrs	d. STREET ADDRESS 728 Capitol Avenue

3. NAME OF DECEASED (Type or print) First Middle Last Moses Phillip Dribben			4. DATE OF DEATH Month Day Year March 22 1959		
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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 Nov-21-1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	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) Personell-Highway	10b. KIND OF BUSINESS OR INDUSTRY Dept Highway	11. BIRTHPLACE (City and state or country) New York City	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Dribben	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Margaret Dribben
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) Yes W.W.#1	16. SOCIAL SECURITY NO. 492-36-8432	17. INFORMANT Margaret Dribben, Jefferson City, Mo	Address
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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) <i>Bronchogenic carcinoma (pt.)</i>		INTERVAL BETWEEN ONSET AND DEATH 9 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	1621
	DUE TO (c) _____	
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 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 9-14-56 to 3/22/59 and last saw him alive on 3/22/59 Death occurred at St. Mary's Hospital 5:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Supervisor M. P.</i>	(Degree or title)	22b. ADDRESS Jefferson City, Mo.	22c. DATE SIGNED 3/24/59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATION	23d. LOCATION (City, town, or county) (State)
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Burial	March-24-59	Riverview Cemetery	Jefferson City, Mo
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24. FUNERAL DIRECTOR Thorpe J Gordon, Jefferson City, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 25 March 1959	26. REGISTRAR'S SIGNATURE R. P. Norris, MD, JR
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MR. EMBALMER

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 *[Handwritten Signature]* .....

Licensed Embalmer No. *1286* .....  
P. O. Address *[Handwritten 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.