No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008812
State File No.

BIRTH NO. 261 MAR 23 1959 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MILLER
c. CITY OR TOWN: ST. ELIZABETH 1660
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RT# 1

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCIS
b. (Middle): ALPHONSE
c. (Last): LAUBERT

4. DATE OF DEATH (Month) (Day) (Year): MARCH 13 - 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: March 3-13-1959
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours 3 Min. 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — —
10b. KIND OF BUSINESS OR INDUSTRY: — —
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ELLSWORTH ALBERT LAUBERT
13b. MOTHER'S MAIDEN NAME: ARLINE MARIE WILDE
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: — —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Arline M Laubert
ADDRESS: St. Elizabeth, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Immature Infant — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 5½ Months Gestation
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 776X
20. AUTOPSY? 2 YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 13, 1959, *to* Mar 13, 1959, *that I last saw the deceased alive on* Mar 13, 1959, *and that death occurred at* 5:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Francis V. Meier M.D.
23b. ADDRESS: Jeff. City, Mo.
23c. DATE SIGNED: 3/14/59

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial
24b. DATE: Mar. 14-'59
24c. NAME OF CEMETERY OR CREMATORY: St. Laurance Cemetery
24d. LOCATION (City, town, or county) (State): St. Elizabeth, Mo.

DATE REC'D BY LOCAL REG.: 14 March 1959
REGISTRAR'S SIGNATURE: R. P. Dorris, M.D. - M.R.
25. FUNERAL DIRECTOR'S SIGNATURE: [signature]
ADDRESS: Vienna, Mo.

17 March 1959 Read Corr Copy

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 366

P. O. Address .....

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