

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012086

STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 36

300
-57

1. PLACE OF DEATH a. COUNTRY <i>Kansas</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Cedar</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Washington Township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>El Dorado Springs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <i>State Hospital #3</i>		Length of stay in lb <i>7 yrs 11 mo 12 days</i>		d. STREET (If outside, give location) <i>805 So. Kirkpatrick</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>ALBERT DEBLER</i>				4. DATE OF DEATH Month Day Year <i>3 12 1959</i>				
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>12/20/1880</i>		9. AGE (In years as of birthday) <i>78</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer (Road)</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Engineering</i>		11. BIRTHPLACE (City and state or country) <i>Erie Kansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>August Debler</i>			13b. MOTHER'S M maiden NAME <i>Margaret Shellham</i>			14. NAME OF HUSBAND OR WIFE <i>Bearl Debler</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>State Hospital Records Nevada</i>				
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>Arteriosclerotic Heart Disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Yrs.</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Generalized Arteriosclerosis</i>				Yrs.		
		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.)					
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.) <i>none</i>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <i>12/31/56</i> to <i>3/12/59</i> and last saw ^{him} the alive on <i>3/12/59</i> Death occurred at <i>4:05 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>George Esker, M.D.</i>				22b. ADDRESS <i>State Hospital No. 3.</i>		22c. DATE SIGNED <i>3/12/59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-14-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>El Dorado Springs</i>		23d. LOCATION (City, town, or county) (State) <i>El Dorado Springs Mo</i>		
24. FUNERAL DIRECTOR <i>Turnin-Carolus</i>			ADDRESS <i>El Dorado Springs</i>		DATE REC'D. BY LOCAL REG. <i>3-14-1959</i>		26. REGISTRAR'S SIGNATURE <i>Arnal E. Perry</i>	

(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.

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 *Floyd E. Crothers*

Licensed Embalmer No. *4419*

P. O. Address *La Puente, Sp...*

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.