

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025937

FILED VS AUG 7 1959

Registration District No. 2009 Primary Registration District No. 3043 Registrar's No. 224

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal			Length of stay in 1b		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence 415 Bird			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 415 Bird		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARIE Middle K. Last DUBACH				4. DATE OF DEATH Month July Day 21 Year 1959			
5. SEX Female	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 12/6/1869	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months 7 Days 15	IF UNDER 24 HR Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Carlyle Illinois		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Moses E. Richards			13b. MOTHER'S MAIDEN NAME Sallie E. Smith		14. NAME OF HUSBAND OR WIFE George Dubach (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT Miss Edna Iehenbauer Hannibal Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO (b) atherosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 3 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 checked="" 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 3-27-58 to 7-21-59 and last saw her alive on 7-6-59 Death occurred at 5:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Crawford Smith (Degree or title)				22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 7-28-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/23/1959		23c. NAME OF CEMETERY OR CREMATORY Mount Olivet		23d. LOCATION (City, town, or county) (State) Hannibal Missouri	
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri				25. DATE RECD. BY LOCAL REG. July 30 - 1959		26. REGISTRAR'S SIGNATURE H. M. Lucke By H. C. Fisher	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RECEIVED AUG 5 1959
MARION CO. HEALTH DEPT.
DATE FILED AUG 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John S. [Signature]

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.