

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-018124**

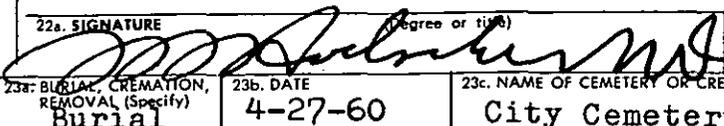
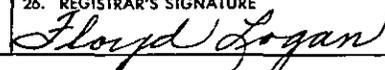
STATE FILE NUMBER

FILED VS. MAY 9 1960 362

Primary Registration District No. 6234

Registrar's No. 31

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Warren</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elkhorn township</b>		Length of stay in 1b <b>84 yrs.</b>	c. CITY OR TOWN <b>Warrenton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>North of Warrenton</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural Route #2</b>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Fred</b> Middle <b>J.</b> Last <b>Tebbe</b>			<b>4. DATE OF DEATH</b> Month <b>April</b> Day <b>25</b> Year <b>1960</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>12-13-1875</b>	<b>9. AGE</b> (last birthday) <b>84</b>	<b>IF UNDER 1 YEAR</b> Months <input type="checkbox"/> Days <input type="checkbox"/> <b>IF UNDER 24 HR</b> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own farm</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Warren County, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		
<b>13a. FATHER'S NAME</b> <b>Frederick Tebbe</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minnie Freese</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Carrie Sanker</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>493-40-8292</b> <i>UNKNOWN</i>	<b>17. INFORMANT</b> Address <b>R.R.#2 Warrenton, Mo.</b> <b>Mrs. Fred J. Tebbe</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, Bilateral, Hypostatic</b> DUE TO (b) <b>Generalized arteriosclerosis with arteriosclerotic unknown heart disease</b> DUE TO (c) <b>Senile Dementia</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> "	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour . . . . . Month, Day, Year a.m. . . . . p.m. . . . .	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>	
<b>21. I attended the deceased from</b> <b>July 1951</b> to <b>April 25, 1960</b> and last saw <sup>her</sup> him live on <b>April 22, 1960</b> Death occurred at <b>11</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) 			<b>22b. ADDRESS</b> <b>Warrenton, Missouri</b>		<b>22c. DATE SIGNED</b> <b>4-30-60</b>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>23b. DATE</b> <b>4-27-60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>City Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) <b>Warrenton, Mo.</b>	(State)		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>4-30-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> 		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0951 6 AM SA

X

X

X

X

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 John F. Nieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton

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.