

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034360

FILED VS. OCT 13 1960

Registration District No. 119 Primary Registration District No. 5993 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b 12 yrs.		c. CITY OR TOWN Hermann		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Greene Valley Rest Home				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route		
3. NAME OF DECEASED (Type or print) First Carrie Middle Laubert Last Laubert				4. DATE OF DEATH Month 26 Day September 26 Year 1960				
5. SEX F		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-31-1897		
				9. AGE (last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY housework		11. BIRTHPLACE (City and state or country) Bland, Mo. Rt.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Laubert			13b. MOTHER'S MAIDEN NAME Caroline Nolting			14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT John Laubert Address Bland, Mo. Rt.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH 1 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m.		Month, Day, Year						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 1948 to 9-26-60 and last saw her alive on 9-23-60 Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Carol T. Shaw, M.D.				22b. ADDRESS Hermann, Mo.			22c. DATE SIGNED 9-27-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-29-1960	23c. NAME OF CEMETERY OR CREMATORY Laubert Cemetery		23d. LOCATION (City, town, or county) (State) Bland, Mo. Rt.			
24. FUNERAL DIRECTOR ADDRESS Gottenstroeter Funeral Home Owensville, Mo.				25. DATE RECD. BY LOCAL REG. 9-28-60		26. REGISTRAR'S SIGNATURE Delma Uffelman		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Michael H N Winter (Licensed Embalmer's Statement on Reverse Side)

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 Jerry A. Thompson, Student Embalmer No. Pend
working under my personal supervision.

Student Jerry A. Thompson Signed Michael H H
Signature of Student Embalmer

Licensed Embalmer No. 3838

P. O. Address OWEN

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