

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

88651

State File No.

Registrar's No.

Registration District No. 2587

Primary Registration District No. 3016

106

1. PLACE OF DEATH:

(a) County Franklin  
 (b) City or town Washington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Francis Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days) 1 day

3. (a) PRINT FULL NAME Linda Gail Dabsch  
 3. (b) If veteran, name war   
 3. (c) Social Security No.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 27-1940  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>one</u>	<u>hr. 45 min.</u>

9. Birthplace Washington, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name John Otto Dabsch  
 13. Birthplace Wright City, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Edith Mabel Phillips  
 15. Birthplace Labadie, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Otto Dabsch  
 (b) Address 330<sup>th</sup> Olive St. Washington, Mo  
 17. (a) Burial (b) Date thereof Nov. 29, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation View Ridge, Mo.

18. (a) Signature of funeral director Pieburg, Miss. J. H. Witt  
 (b) Address Washington, Missouri  
 19. (a) Nov. 29-1940 (b) H. G. May  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
 (c) City or town Washington  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 330<sup>th</sup> Olive St.  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29  
 year 1940 hour 1:45 P.M. minute P M.

21. I hereby certify that I attended the deceased from Nov 27  
 \_\_\_\_\_, 1940, to Nov 28, 1940  
 that I last saw her alive on Nov 28, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardia

Due to Enlarged Thyroid

Due to Heart Disease

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings: no operation  
 Of operations \_\_\_\_\_

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at work (Specify type of place) (e) Means of injury \_\_\_\_\_  
 While at work? \_\_\_\_\_

23. Signature R. C. Carter, M.D. (M. D. or other)  
 Address Washington Date signed 11/28/40

Duration 2 days  
 Place Place  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

WHILE FILLING IN USE INK—BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by

....., Registered Apprentice No. ....

working under my personal supervision.

*Body not embalmed*

Signed

*Lester H. Vitt*

Licensed Embalmer No.

*3254*

P. O. Address

*Washington, Mo.*

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 this body is not embalmed, above space should be left blank.