

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20442**

FILED JUN 22 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **3908** Registrar's No. **25**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Remiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Remiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holland</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holland rural</b>	
c. LENGTH OF STAY (In this place) <b>25 M.</b>		d. STREET ADDRESS (If rural, give location) <b>Holland Prop.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Holland Prop.</b>			

3. NAME OF DECEASED a. (First) <b>Lucella</b> b. (Middle) <b>Daubkin</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>5-16-49</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 24 1877</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR: Months <b>6</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Memphis Tenn</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Tilman</b>		13b. MOTHER'S MAIDEN NAME <b>unb...</b>		14. NAME OF HUSBAND OR WIFE <b>Richard Daubkin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Wigner Watkins</b> ADDRESS <b>Senath Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Sensitivity			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			794X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. E. M. Yarn M.D.</b>		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-20-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kenneth</b>		24d. LOCATION (City, town, or county) (State) <b>MO</b>	
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DATE REC'D BY LOCAL REG. <b>6-14-49</b>		REGISTRAR'S SIGNATURE <b>L. O. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman ...</b>		ADDRESS <b>Home, ...</b>	
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6-49-161

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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.

Signed \_\_\_\_\_

*John W. German*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4555*

P. O. Address *Hayti, 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, fact should be so stated above.