S. No. 300
r. 10.48

FILED SEP 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30956

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 93

57
0
5

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

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OLD MONROE RURAL
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: LINCOLN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OLD MONROE RURAL
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): CHRISTINA
b. (Middle): —
c. (Last): DOBELMANN

4. DATE OF DEATH (Month) (Day) (Year): SEPT 12 - 1949

5. SEX: F
6. COLOR OR RACE: W
7. ~~MARRIED, NEVER~~ MARRIED, ~~WIDOWED, DIVORCED (Specify)~~: 1
8. DATE OF BIRTH: OCT. 16 - 1874
9. AGE (In years last birthday): 74 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): OLD MONROE MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: PETER DRIESWERT
13b. MOTHER'S MAIDEN NAME: NABER
14. NAME OF HUSBAND ~~OR WIFE~~: DICK DOBELMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: DICK DOBELMANN OLD MONROE MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinomatosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 154X

19a. DATE OF OPERATION: 1948
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
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): J. C. Creech, Mrs
23b. ADDRESS: Troy, Mo
23c. DATE SIGNED: Sept 14/49

24a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~
24b. DATE: 9-15-49
24c. NAME OF CEMETERY OR CREMATORY: IMMACULATE CONCEPTION
24d. LOCATION (City, town, or county) (State): OLD MONROE MO

DATE REC'D BY LOCAL REG.: 9/15/49
REGISTRAR'S SIGNATURE: P. C. Neunlist
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wehde & Keithly Old Monroe Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 17 1949
District Health Officer No. 9,

District File Number.....

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 827

P. O. Address Fallon 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.