

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33217  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>29yrs</u>		d. STREET ADDRESS (If rural, give location) <u>335 Morgan Oak</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha Lube</u> b. (Middle) <u>None</u> c. (Last) <u>Dubs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 3 1897</u>		9. AGE (in years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Suhr Switzerland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>					

13a. FATHER'S NAME <u>Carl Hauri</u>		13b. MOTHER'S MAIDEN NAME <u>Note</u>		14. NAME OF HUSBAND OR WIFE <u>Werner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Werner Dubs</u> ADDRESS <u>Cape Girardeau Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BULBAR POLIOMYELITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		<u>0800</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>OBESITY</u>		<u>yes-</u>	
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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

22. I hereby certify that I attended the deceased from 9 Oct, 1949, to 11 Oct, 1949, that I last saw the deceased alive on 10 Oct, 1949, and that death occurred at 2 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Kinley</u> (Degree or title) <u>U MP</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>14 Oct 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>			

DATE REC'D BY LOCAL REG. <u>10-16-1949</u>		REGISTRAR'S SIGNATURE <u>G. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Howell</u> ADDRESS <u>Cape Girardeau Mo</u>	
---	--	---	--	--	--

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

RECEIVED 10-24-49

Health Officer No. 4

File Number 1049-138

Date Filed

JUN 7 1958

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 W. H. Estes

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

Licensed Embalmer No. 3568

P. O. Address Oppier me

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.