S. No. 300
v. 10.48

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37986

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 395

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 4 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palmyra
d. STREET ADDRESS (If rural, give location): 123 W. Hamilton

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): DANIEL
c. (Last): VALLBRACHT

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 15th 1861
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 11 Days 27 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Palmyra Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frederick D. Vallbracht
13b. MOTHER'S MAIDEN NAME: Anna Katherine Drescher
14. NAME OF HUSBAND OR WIFE: Virginia George Noble

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.: No.
17. INFORMANT'S SIGNATURE OR NAME: H. F. Harris — ADDRESS: Palmyra 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) Pulmonary embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of the Lt hip
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: E9040 21

19a. DATE OF OPERATION: 18 Oct 1949
19b. MAJOR FINDINGS OF OPERATION: Fracture of the Surgical neck of the Lt femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
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): Oct 15 1949 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell while going to bath room

22. *I hereby certify that I attended the deceased from* 15 Oct, 1949, *to* 11 Nov, 1949, *that I last saw the deceased alive on* 10 Nov, 1949, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wyrth Hamlin M.D.
23b. ADDRESS: Palmyra Missouri
23c. DATE SIGNED: 14 Nov 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/13/49
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Palmyra Mo.

DATE REC'D BY LOCAL REG.: 11-18-49
REGISTRAR'S SIGNATURE: W C Fisher, D E M Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Eugene J. Sprague — ADDRESS: Palmyra Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 22 1949
D. HEALTH DEPT.
DATE FILED NOV 23 1949

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 E. L. Sprague

Signed .....
Student Embalmer

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.