

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22561**

BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **6234** Registrar's No. **49**

1090

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Truesdale		c. LENGTH OF STAY (In this place) 1 day	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Elkhorn Twp. 1090	
		d. STREET ADDRESS (If rural, give location) RFD #2	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Reinhold c. (Last) Dobsch			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1904	9. AGE (In years last birthday) 46	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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) CO. Hickory Grove Twp., Warren		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME August Dobsch		13b. MOTHER'S MAIDEN NAME Amelia Strack		14. NAME OF HUSBAND OR WIFE Josephine Sing Dobsch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 492-03-5200		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elmer Dobsch, Warrenton, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Weakness of Coronary artery DUE TO (c) By natural causes		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. due to heart attack		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) Truesdale	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warren Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **3:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. F. H. Knigge³ (Coroner)		23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED June 15
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/16/1950	24c. NAME OF CEMETERY OR CREMATORY Warrenton	24d. LOCATION (City, town, or county) (State) Warrenton, Mo.	

DATE REC'D BY LOCAL REG. 6-19-50	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.
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RECEIVED JUN 10 1950
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.

Student
Student Embalmer

Signed John E. Herlinger

Licensed Embalmer No. 4409

P. O. Address Warrenton, 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.