

FILED MAR 19 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

0500
4

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>22</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Township</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Murphy Mo House Springs RR#</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maintain View Conv. Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rock Township 0500</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u>			b. (Middle)		c. (Last) <u>DELBUEGGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH - 10 - 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUGUST 2-1869</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>81 8 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>High Ridge Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM DELBUEGGE</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA M. DIERING</u>			14. NAME OF HUSBAND OR WIFE <u>LIZZIE (SCHWEBEL) DELBUEGGE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer Delbuegge, House Springs</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Cerebral Arteriosclerosis</u></p> <p>DUE TO (c)</p>		II. OTHER SIGNIFICANT CONDITIONS						334x	
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>3-2-51</u> , 19 <u>51</u> , to <u>3-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>51</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R.H.D. [Signature]</u> (Degree or title) <u>O.M.D.</u>				23b. ADDRESS <u>112 Miss. Ave. Crystal City Mo</u>			23c. DATE SIGNED <u>3/12/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Martin's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>High Ridge Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-12-51</u>		REGISTRAR'S SIGNATURE <u>Eleazar Bonner Per. 444</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Brimmer House Springs Mo.</u>				

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 3-14-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

[Handwritten Signature]

Student Embalmer No.....

Licensed Embalmer No. 1470

P. O. Address House Springs, 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.