

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1028

State File No. ....

FILED JAN 12 1953

BIRTH NO. .... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> <u>0396</u>	
c. LENGTH OF STAY (In this place) <u>3 MOS.</u>		d. STREET ADDRESS (If rural, give location) <u>722 E. ELM.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>722 E. ELM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>DORBECKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 6 - 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MARCH 14 - 1864</u>		9. AGE (In years last birthday) <u>88</u>		10. # UNDER 1 YEAR <u>0</u> # UNDER 1 MONTH <u>0</u> # UNDER 1 MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANICAL ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FLOUR MILLS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SCHEMENDOAH - IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>HENRY DORBECKER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SCHMIDT</u>		14. NAME OF HUSBAND OR WIFE <u>ADDIE PHILLIPS, DORBECKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. EMMA DOWKER 1209 W. STATE SPRINGFIELD, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
		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.  <u>4500</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Jan. 4, 1953, to Jan. 6, 1953, that I last saw the deceased alive on Jan. 6, 1953, and that death occurred at 12:01 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Marcin, M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>1/8/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 9 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>BILLINGS, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>John Dean Harris, Clever, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-8-53</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Dean Harris*

Licensed Embalmer No. 4390

P. O. Address Clover, 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.