

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

546

State File No.

FILED JAN 28 1954 BIRTH NO. REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs		c. CITY OR TOWN Eldorado Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 121 W. Joe Davis St.		e. STREET ADDRESS (If rural, give location) 121 W. Joe Davis St. 020/0	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Jane c. (Last) Rubel			4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 23, 1855
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 98
11. BIRTHPLACE (City and State or Foreign Country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Washington Park		13b. MOTHER'S MAIDEN NAME Martha Davis	14. NAME OF HUSBAND OR WIFE George F. Rubel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 12	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Sunderwirth ADDRESS Eldorado
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 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.	
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 1 Oct, 1953, to 10 Jan, 1954, that I last saw the deceased alive on 9 Jan, 1954, and that death occurred at 5:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE John Still (Degree or title) M.D.		23b. ADDRESS Eldorado Springs, Mo.	23c. DATE SIGNED 12 Jan 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Virginia Cemetery	24d. LOCATION (City, town, or county) (State) Virginia Mo.
DATE REC'D BY LOCAL REG. JAN. 12, 1954	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS

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

AUG 9 1902

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.....
Signature of Student Embalmer

Signed *Robert G. Steinbeck*.....

Licensed Embalmer No. *465*

P. O. Address *Butler, N.J.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.