

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11438

State File No. \_\_\_\_\_

FILED APR 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 165

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

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ORAN</b>	
c. LENGTH OF STAY (in this place) <b>1 HR.</b>		d. STREET ADDRESS (If rural, give location) <b>ORAN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EMIL</b>	b. (Middle) <b>JOSEPH</b>	c. (Last) <b>STUBENRAUCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 16 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 2 1882</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>JOSEPH STUBENRAUCH</b>	13b. MOTHER'S MAIDEN NAME <b>MARY GEISER</b>	14. NAME OF HUSBAND OR WIFE <b>BERTHA METZ STUBENRAUCH</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>BERTHA STUBENRAUCH</b>	ADDRESS <b>ORAN, MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-renal-vascular disease</b>		
	ANTECEDENT CAUSES Morbidity 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 4-16, 1954 to 4-16, 1954, that I last saw the deceased alive on 4-16, 1954, and that death occurred at 1:15 AM., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Cape Girardeau Mo.</b>	23c. DATE SIGNED <b>4-17-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APR. 19 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW GUARDIAN ANGELS</b>	24d. LOCATION (City, town, or county) (State) <b>ORAN MO.</b>
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DATE REC'D BY LOCAL REG. <b>4-20-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>ORAN, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

**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

*Carl J. Smith*

Licensed Embalmer No. 3676

P. O. Address Ora, 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.