

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44579

State File No.

FILED JAN 2 1957

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4533 Registrar's No. 84

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 Wright City		c. LENGTH OF STAY (In this place) 20 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wright City, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) -----			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) Carl	b. (Middle) Bismark	c. (Last) Debus	(Month) 12	(Day) 7	(Year) 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 25, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 12	Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Adam Debus	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mittie Lee Debus
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME H. C. Debus, 919 E. Armour, Kansas City, Mo	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Sudden
	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wright City Warren Mo.
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? 4201

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 **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. H. King D.C. Coroner	23b. ADDRESS Warrenton Mo	23c. DATE SIGNED Dec. 7, 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 9, '56	24c. NAME OF CEMETERY OR CREMATORY Pisgah	24d. LOCATION (City, town, or county) (State) north of Sturgeon, Mo.
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DATE REC'D BY LOCAL REG. 12-31-56	REGISTRAR'S SIGNATURE Floyd Logan	FEDERAL DIRECTOR'S SIGNATURE Bill P. Neale	ADDRESS Sturgeon Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Julius J. Dieburg -
Licensed Embalmer No. 3306

P. O. Address Wright City 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.