

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI ⁶⁶¹⁵⁻⁵⁸ 58-005002
STANDARD CERTIFICATE OF DEATH
State File No.

FILED MAR 5 - 1958

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4175 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Hammersville MO-</u>		c. CITY OR TOWN <u>Hammersville</u>	
c. LENGTH OF STAY (in this place) <u>10 MONTH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hammersville Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>0350</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CECIL</u> b. (Middle) <u>EULAS</u> c. (Last) <u>DUBAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-23-1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	
8. DATE OF BIRTH <u>2/23/1958</u>		9. AGE (In years last birthday) _____		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HRS. Hours _____ Min. <u>10</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hammersville Mo. Franklin</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Gerry Dubar</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Norma Miller</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Gerry Dubar Hebrnett Mo</u>	
(If yes, give war or dates of service) _____		_____		ADDRESS _____	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>anoxemia</u>			
		DUE TO (c) <u>arrest of aftermorning head in utero delivery</u>			
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? <u>2</u> 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) <u>7610</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 2/23, 1958, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. F. Palenski</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Hammersville, Mo</u>		23c. DATE SIGNED <u>2/28/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/23/1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamer</u>	
24d. LOCATION (City, town, or county) (State) <u>Hammersville MO</u>		DATE REC'D BY LOCAL REG. <u>2-28-58</u>		REGISTRAR'S SIGNATURE <u>Aue. Palenski</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson & Sons</u>		ADDRESS <u>Janestown Ark</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-4-58

COUNTY FILE NUMBER 358

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.....

Licensed Embalmer No.....

P. O. Address

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.