

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025101

STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 115-116 Primary Registration District No. 308-20 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY Franklin.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Washington. 0360		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Length of stay in lb 25 yrs.	d. STREET ADDRESS (If outside, give location) R. #2.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bernhard Middle R. Last Dobsch			4. DATE OF DEATH Month July Day 23rd Year 1958.		
5. SEX Male ♂	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1893.	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Worker.		10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe Co.		11. BIRTHPLACE (City and state or country) Warren County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME August A. Dobsch.		
13b. MOTHER'S MAIDEN NAME Emma Strack.			14. NAME OF DECEASED'S WIFE Della L. Dobsch		
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. 492-03-5202		17. INFORMANT Address Della L. Dobsch Washington, Mo. R. #2.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Arterio-sclerotic C-V-Disease					? years.
DUE TO (c) 4201					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial asthma					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 17 Sep 1948 , to 23 July 58 and last saw ^{her} alive on 18 Apr 58 Death occurred at 10:00Pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. Berger, MD			22b. ADDRESS Washington, Mo		22c. DATE SIGNED 25 July 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 26, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery,		23d. LOCATION (City, town, or county) (State) Washington, Mo.
24. FUNERAL DIRECTOR Nieburg & Vitt, Inc.		ADDRESS Washington, Mo.		25. DATE RECD. BY LOCAL REG. 7/28/58	26. REGISTRAR'S SIGNATURE J.P. Stulman G.P. Stulman

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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AUG 6 1958

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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
Signature of Student Embalmer

Signed *Alvin C. Neuberg*

Licensed Embalmer No. *7287*

P. O. Address *Washington, M*

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.