

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013837  
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 159 Primary Registration District No. V249 Registrar's No. 19

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hillsboro Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural Meramee</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Grove Home</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>0500 Eureka Mo RR#1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jacob</u> Middle <u>J.</u> Last <u>Daubert</u>			4. DATE OF DEATH Month <u>3</u> Day <u>26</u> Year <u>59</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 1869</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Sebeve, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ZACHARY DAUBERT</u>		13b. MOTHER'S MAIDEN NAME <u>BRIOGETT McKeever</u>	14. NAME OF HUSBAND OR WIFE <u>KATIE DAUBERT</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mont</u>	17. INFORMANT <u>KATIE DAUBERT</u> Address <u>Middletown Mo RR#2 Box 90</u>		

18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>4200</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		
20d. INJURY OCCURRED WHILE AT WORK <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 1956 to 3-26-59 and last saw him alive on 3-20-59  
Death occurred at 5:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John W. Drake M.D.</u> (Degree or title)	22b. ADDRESS <u>3606 Marois St. Louis Mo.</u>	22c. DATE SIGNED <u>3-27-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/30/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Baptist Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Cedar Hill Mo</u>
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24. FUNERAL DIRECTOR <u>Brummer's Fun. Home</u> ADDRESS <u>Spring</u>	25. DATE RECD. BY LOCAL REG. <u>3/30/59</u>	26. REGISTRAR'S SIGNATURE <u>Oliver R. ...</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 17 1959

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 *Herbert J. Han Jr* .....

Licensed Embalmer No. *4800* .....  
P. O. Address *Kirkwood 92 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.