

FILED DEC 29 1950

STANDARD CERTIFICATE OF DEATH

41531

State File No.

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> <u>1680</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>H.</u> c. (Last) <u>Dueber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12/16/1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9/26/1888</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Tipton, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>Gustave Dueber</u>	
14. MOTHER'S MAIDEN NAME <u>Adelia Holtschneider</u>		15. NAME OF HUSBAND OR WIFE _____	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>None</u>	
18. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Dueber, Tipton, Missouri</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Bilateral ovarian cancer</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. TYPE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? 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) _____	
21d. TIME (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 <u>Sept 20, 1950</u> , to <u>Dec 16, 1952</u> , that I last saw the deceased alive on <u>Dec 16, 1950</u> , and that death occurred at <u>10: p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr. V. J. Suebert</u> (Degree or title) <u>D.O. - Tipton, Mo</u>		23b. ADDRESS _____	
23c. DATE SIGNED <u>12-18-50</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Dec. 19 - 1950</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Richardson</u> ADDRESS <u>Tipton, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

12/28/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-28-50

NOV 18 1950

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, _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Jewell E. Richards
Student Embalmer No.
Licensed Embalmer No. 2466
P. O. Address Tipton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.