

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16638**

FILED JUN 3 1957
BIRTH NO. **27401-51** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (In this place) 15 1/2 hours	c. CITY OR TOWN Cassville
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co Memorial Hospital		e. STREET ADDRESS 0350 Kennett, Rt-#1 (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) JERRY b. (Middle) WAYNE c. (Last) DUBAR, JR.			4. DATE OF DEATH (Month) (Day) (Year) 5-22-1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5/21/1957	9. AGE (In years last birthday) 0 Months 0 Days 0 Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Single		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hornersville Mo	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jerry Dubar	13b. MOTHER'S MAIDEN NAME Neoma Dubar	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jerry Dubar ADDRESS Cassville Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anoxemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) atoletoxin DUE TO (c) Prematurity		
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? 2 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) 7625
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5/21, 1957**, to **5/22, 1957**, that I last saw the deceased alive on **5/22, 1957**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. Polush (Degree or title) MD	23b. ADDRESS Hornersville, Mo	23c. DATE SIGNED 5/23/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-22-1957	24c. NAME OF CEMETERY OR CREMATORY Horners Cem	24d. LOCATION (City, town, or county) (State) Hornersville, Mo.
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DATE REC'D BY LOCAL REG. 5-24-57	REGISTRAR'S SIGNATURE Carl Hubbard	FUNERAL DIRECTOR'S SIGNATURE James H. ... ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

90-0

RECEIVED DUNKLIN COUNTY H
DEPARTMENT.....5-2
COUNTY FILE NUMBER 557

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

Not Embalmed
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.