

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9627**

FILED MAR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY <b>Howard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Mo.</b> b. COUNTY <b>Howard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fayette</b>		c. LENGTH OF STAY (In this place) <b>2 1/2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0450</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>New Franklin Mo.</b>			
3. NAME OF DECEASED (Type or Print) <b>Hubble</b>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr. 7 - 75</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired R. A. Conductor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pitts Co. U</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Ruble</b>			13b. MOTHER'S MAIDEN NAME <b>Ada Johnson Ruble</b>			14. NAME OF HUSBAND OR WIFE <b>Lilly Brookman Ruble</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lilly Ruble</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mesenteric thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		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? YES <input checked="" type="checkbox"/> NO <input 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) <b>5702</b>			
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 <b>March 5, 1953</b> , to <b>March 7, 1953</b> , that I last saw the deceased alive on <b>March 7, 1953</b> , and that death occurred at <b>5:42 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>M. W. Beck</b>				23b. ADDRESS <b>Fayette, Mo</b>		23c. DATE SIGNED <b>3/12/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3/10/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant</b>		24d. LOCATION (City, town, or county) (State) <b>New Franklin Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-16-53</b>		REGISTRAR'S SIGNATURE <b>Mary K. Shells</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. L. Hall</b>		ADDRESS <b>New Franklin Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 2 1 1953

**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 .....  
Student Embalmer

Signed L. G. Bell

Licensed Embalmer No. 3515

P. O. Address New Franklin 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 this body is not embalmed, fact should be so stated above.