

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31982**  
**4672**

FILED OCT 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived immediately before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place, township) <u>45 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>512 3137 BENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>				3. NAME OF DECEASED a. (First) <u>ISABELLE</u> b. (Middle) _____ c. (Last) <u>RUBEY</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 26, '53</u>		5. SEX <u>FE.</u>		6. COLOR OR RACE <u>White</u>		7. <del>STATUS</del> <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JAN. 22, 1882</u>		9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>8</u>		11. DAYS <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OAK GROVE, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>LEWIS J. WEBB</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET M. PATTON</u>		14. NAME OF HUSBAND OR WIFE <u>S.C.A. RUBEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ILA HUMMEL, INDIANAPOLIS, INDE</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>4437</u>	
19a. DATE 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 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 <u>Aug 18, 1952</u> , to <u>Sept 26, 1952</u> , that I last saw the deceased alive on <u>Sept 26, 1952</u> and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul T. McGannon</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4711 Central</u>		23c. DATE SIGNED <u>Sept 26, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT. 29, '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PHILPOT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OAK GROVE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>9-28-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith Melody</u>				FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McTILLEY-ELYAR, K.C., MO.</u>	

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

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

*Glen E. Neck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.