

No. 300
10.48
080
2

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34840**

FILED OCT 6 1953
BIRTH NO. REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **167**

1. PLACE OF DEATH a. COUNTY Lemon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN Washington Twp.		c. LENGTH OF STAY (in this place) 0-0-12	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 3		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN Springfield	
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) C. c. (Last) Squibb		4. DATE OF DEATH (Month) (Day) (Year) 9-20-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-18-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) Greene County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William C. Squibb		13b. MOTHER'S MAIDEN NAME Rachel Evans	
14. NAME OF HUSBAND OR WIFE May Squibb		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS May Squibb 1829 W. Phelps Springfield Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
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* (a) Cardiac Asthma 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 4342	
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) (Min.)		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 9-9-1953 , to 9-20-1953 , that I last saw the deceased alive on 9-19-1953 , and that death occurred at 5-A. m. , from the causes and on the date stated above.			
23a. SIGNATURE M. Bunch O. M.D. (Degree or title)		23b. ADDRESS State Hospital # 3	
23c. DATE SIGNED 9-20-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-20-53	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery Ash Grove, Mo.		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG. 9-28-53		REGISTRAR'S SIGNATURE Anna E. Ferry	
25. FUNERAL DIRECTOR'S SIGNATURE Bird Ten Home, Ash Grove, Mo.		ADDRESS	

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

OCT 6 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Percy F. Milster
Licensed Embalmer No. 4805

P. O. Address Nevada, 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.