

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

491

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CAPE GIR</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>	
c. LENGTH OF STAY (in this place) <u>24 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1725 BROADWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1725 BROADWAY</u>		e. STREET ADDRESS (If rural, give location) <u>1725 BROADWAY</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>HARRY</u>	c. (Last) <u>STUBBS</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>1</u> <u>2</u> <u>1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>JUNE 24-1888</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 HR. Days <u>8</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT WRE RESTAURANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>	11. BIRTHPLACE (State or foreign country) <u>HIGHMAN KY</u>	12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
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13a. FATHER'S NAME <u>PORTER STUBBS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY NEWTON</u>	14. NAME OF HUSBAND OR WIFE <u>ELLA STUBBS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>	16. SOCIAL SECURITY NO. <u>493-36-662</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ella T. Stubbs</u>	ADDRESS <u>Capo Girardeau Mo.</u>
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18. NO. 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	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. <u>Arteriosclerotic Ht Disease</u>		<u>3 yr</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>157x</u>	20. AUTOPSY? 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)
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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?
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22. I hereby certify that I attended the deceased from Sept, 1950, to 1-2, 1954, that I last saw the deceased alive on 1-2, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hazel O. Ridings</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>1-5-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	24b. DATE <u>1-4-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Roadway 61, Capo Girardeau, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-5-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Stubbs - Chaffee</u>	ADDRESS <u>Capo Girardeau Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 29 1957

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.....

*C. J. Lorberg*

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau, 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.