

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22760**

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>176</u>		PRIMARY REG. DIST. NO. <u>3645</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Ozark</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Rural Ozark twp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Rt. 2, Ash Grove</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 2, Ash Grove</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>ERNEST</u>	b. (Middle) <u>ALBERT</u>	c. (Last) <u>RUBISON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 5, 1895</u>			
9. AGE (In years less birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Republic, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph Rubison</u>			13b. MOTHER'S MAIDEN NAME <u>Lilly Williams</u>			14. NAME OF HUSBAND OR WIFE <u>Maude Goodman Rubison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maude Rubison, Ash Grove, Mo.</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				INTERVAL BETWEEN ONSET AND DEATH <u>7 WEEKS</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</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) <u>33ix</u>					
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 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 <u>JUNE, 1955</u> to <u>7-23, 1955</u> , that I last saw the deceased alive on <u>7-23, 1955</u> , and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R.C. Wheeler M.D.</u>				23b. ADDRESS <u>Republic Mo</u>		23c. DATE SIGNED <u>7-23-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 24, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wade Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-29-55</u>		REGISTRAR'S SIGNATURE <u>W. S. Bush</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fournet</u>		ADDRESS <u>Republic, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Signed *John S. McNeil*.....

Licensed Embalmer No. *46*.....

P. O. Address *Republic*.....

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.