

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16904**

FILED JUN 12 1956

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 4264		Registrar's No. 105							
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Missouri b. COUNTY Laclede									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conway		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Conway		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Conway Mo.				e. STREET ADDRESS (If rural, give location) No St. Address 530									
3. NAME OF DECEASED (Type or Print) a. (First) George Daniel M. Cubbin			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 31 1956						
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 2, 1872		9. AGE (in years last birthday) 84		IF UNDER 1 YEAR Months 3 Days 29		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Miller Co. Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME Wm. M. Cubbin				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Thula M. Cubbin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thula M. Cubbin Conway, Mo.							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dilatation of R. Ventricle 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 4 mos			
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) Conway Missouri								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1-1, 1956 , to 5-21, 1956 , that I last saw the deceased alive on 5-31, 1956 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE J. W. Hendry M.D. (Degree or title)						23b. ADDRESS Conway Mo.			23c. DATE SIGNED 6-2-1956				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-3-56		24c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery			24d. LOCATION (City, town, or county) (State) Conway Missouri						
DATE REC'D BY LOCAL REG. 6-3-1956		REGISTRAR'S SIGNATURE Hella L. Gray			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holman Funeral Home Lebanon Mo.								

(Licensed Embalmer's Statement on Reverse Side)

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

+24
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Received 6-11-56
Laclede County Health Unit
File No. 105
Date Filed 6-11-56

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 Dorsey M. Howe

Licensed Embalmer No. 423

P. O. Address Lebanon

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.