

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21053**

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **57-56**

1. PLACE OF DEATH a. COUNTY Lawrence Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Aurora		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Marionville
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital		e. STREET ADDRESS (If rural, give location) 501 Central St.	

3. NAME OF DECEASED (Type or Print) a. (First) Fannie	b. (Middle) Victoria	c. (Last) Tubbs	4. DATE OF DEATH (Month) (Day) (Year) June 9, 1956
---	-----------------------------	------------------------	--

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 5, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 4 Days 4	IF UNDER 6 HRS. Hours 4 Min.
----------------------	-------------------------------	---	--------------------------------------	---	---	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	-----------------------------------	--	--

13a. FATHER'S NAME George Wm. Watterson	13b. MOTHER'S MAIDEN NAME Orleana Helm	14. NAME OF HUSBAND OR WIFE Irvin F. Tubbs
--	---	---

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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leona Witt, Marionville, Mo.	ADDRESS
--	-----------------------------------	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peripheral-Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 3/4 hrs.
	ANTECEDENT CAUSES DUE TO (b) Has advanced atherosclerosis and atherosclerosis.		
	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	20. AUTOPSY? 3.31X YES <input type="checkbox"/> NO <input 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 **June 9, 1956** to **June 9, 1956**, that I last saw the deceased alive on **June 9, 1956**, and that death occurred at **1:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE A. P. Coyne	(Degree or title) M.D.	23b. ADDRESS Marionville, Mo.	23c. DATE SIGNED 6-9-56
-----------------------------------	-------------------------------	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Camp Ground Cemetery	24d. LOCATION (City, town, or county) (State) Chesapeake, Mo.
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. June 11-56	REGISTRAR'S SIGNATURE Ora Mc Natt	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Surridge	ADDRESS Marionville, Mo.
--	--	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

53

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 *James D Crafton* _____

Licensed Embalmer No. *46* _____

P. O. Address *Aurora* _____

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.