

STANDARD CERTIFICATE OF DEATH

State File No. **21556**

No. 300
10-48

FILED JUL 13 1956

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Moberly, Mo	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Yates Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital		e. STREET ADDRESS (If rural, give location) 0880	

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Cubbage c. (Last) Cubbage			4. DATE OF DEATH (Month) (Day) (Year) June 26 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 16 1884		9. AGE (In years last birthday) 72 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Randolph Co.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Henry Cubbage.		13b. MOTHER'S MAIDEN NAME Clara Higdon		14. NAME OF HUSBAND OR WIFE Mrs Gertrude Cubbage	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-38-7283A		17. INFORMANT'S SIGNATURE OR NAME Mrs Gertrude Cubbage, Yates Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure and Embolic Encephalomalacia			INTERVAL BETWEEN ONSET AND DEATH 6 hours
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic Myocardial Infarction and Introcadiac Thrombosis			
DUE TO (c) Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			24 " 24 " Unknown Unknown

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) 4201	
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 12-3, 1955, to 6-26, 1956, that I last saw the deceased alive on 6-26, 1956, and that death occurred at 2:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Per Y. Prohinson D.O.</i>		23b. ADDRESS Higbee Mo		23c. DATE SIGNED 6-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28-56		24c. NAME OF CEMETERY OR CREMATOR Roanoke Mo	
24d. LOCATION (City, town, or county) (State) Roanoke Mo		25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home, Higbee Mo			
DATE REC'D BY LOCAL REG. 6-28-56		REGISTRAR'S SIGNATURE <i>[Signature]</i>		ADDRESS	

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 *W. J. Trueman*.....

Licensed Embalmer No. *397*

P. O. Address *Glasgow*

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.