

FILED APR 2 - 1957

STANDARD CERTIFICATE OF DEATH

8036

State File No.

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. CITY OR TOWN BRECKENRIDGE	
c. LENGTH OF STAY (In this place) 1 WEEK		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. CAMERON HOSPITAL 0			
3. NAME OF DECEASED (Type or Print) ROLLA		a. (First) McCUBBIN	
b. (Middle)		c. (Last)	

4. DATE OF DEATH (Month) (Day) (Year) 3/15/1957	
5. SEX M	6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10/21/1872
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER, COMMON	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and State or Foreign Country) BRECKENRIDGE, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME BARNET M. McCUBBIN	13b. MOTHER'S MAIDEN NAME ANNA McCUBBIN	14. NAME OF HUSBAND OR WIFE SINGLE
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MR. WALTER FRENCH, K. C. MO	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		10 days
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. Carcinoma of rectum			
6 mos.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331XH	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)
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 3-2 1957, to 3-15 1957, that I last saw the deceased alive on 3-15, 1957, and that death occurred at 12:45 AM., from the causes and on the date stated above.

23a. SIGNATURE J. A. Kunes	(Degree or title) M.D.	23b. ADDRESS Cameron mo	23c. DATE SIGNED 3-25-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/17/1957	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY	24d. LOCATION (City, town, or county) (State) BRECKENRIDGE, MO.
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DATE REC'D BY LOCAL REG. 3-27-57	REGISTRAR'S SIGNATURE Francis D. Crawford	25. FUNERAL DIRECTOR'S SIGNATURE Geneb. Michael Braymer, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Leub. Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braun, N.J.*

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.