

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008613

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 370 Primary Registration District No. 6258 Registrar's No. 88-

1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D. GREENVILLE, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN GREENVILLE 110		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) R.F.D. STAR ROUTE			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle WASHINGTON Last CLUBB				4. DATE OF DEATH Month Feb Day 5 Year 1958					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH OCT. 25, 1897	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY FARM.		11. BIRTHPLACE (City and state or country) GREENVILLE, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME JOHN M. CLUBB				14. MOTHER'S MAIDEN NAME MARY BERRY					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. 491-14-3127		17. INFORMANT VIRBIL CLUBB Address BRENNVILLE, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion								INTERVAL BETWEEN ONSET AND DEATH 1 hour.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b)				DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from never treated, him. dead before I arrived and last saw her alive on _____ Death occurred at 9 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) John F. Wagner M.D.				22b. ADDRESS Greenville, Mo			22c. DATE SIGNED 2-8-58		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE FEB. 7, 1958	23c. NAME OF CEMETERY OR CREMATORY KIRKPATRICK CEM.			23d. LOCATION (City, town, or county) (State) NEAR GREENVILLE, Mo.			
24. FUNERAL DIRECTOR Rich Funeral Home ADDRESS Greenville, Mo.			25. DATE RECD. BY LOCAL REG. Feb. 8-1958		26. REGISTRAR'S SIGNATURE Walter M. Ward				

(Licensed Embalmer's Statement on Reverse Side)

with, all, public, service, 00, 56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Coroner cannot certify to a death due to natural causes. diseases in, Part I must be casually related. Doctor, coroner, etc. must use only standard

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowles.....

Licensed Embalmer No. 44.....

P. O. Address Piedmont.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.