

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044547

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

540

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Independence</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Indep. San. &amp; Hosp.</b>		Length of stay in 1b <b>5 years</b>	d. STREET ADDRESS (If outside, give location) <b>5021 Chapin Road</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>A.</b> Last <b>TUBBS</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>25,</b> Year <b>1958</b>		
5. SEX <b>Male</b> c	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 15, 1903</b>	
9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Water Co.</b>	11. BIRTHPLACE (City and state or country) <b>La Cygne, Kansas</b> 7		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Harry Tubbs -</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Nadine Tubbs</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes</b> <b>W.W.I</b>		16. SOCIAL SECURITY NO. <b>496-01-6991</b>	17. INFORMANT Address <b>Nadine Tubbs, 5021 Chapin Rd., Indep., Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 h.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Atherosclerotic Heart Disease</b>			Years <b>Years</b>
		DUE TO (c) <b>Diabetes Mellitus</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>260x</b>					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.)		
20c. TIME OF INJURY Hour <b>2:15</b> Month, Day, Year a.m. <b>AM</b> p.m.					
20d. INJURY OCCURRED WHILE AT <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 <b>Nov. 1957</b> to <b>Dec. 25, 1958</b> and last saw him alive on <b>Dec. 24, 1958</b> Death occurred at <b>2:15 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Norman Amakous M.D.</b>			22b. ADDRESS <b>10901 Winier, Independence, Mo.</b>		22c. DATE SIGNED <b>Dec 26, 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-27-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Geo. C. Carson &amp; Sons, Indep., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-27-58</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Dean W. Huff* .....

Licensed Embalmer No. *4914* .....  
P. O. Address *Indep., Mo* .....

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.