

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019339

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 267

FILED JUN 4 1963

VS 300
Rev. 4/59

1 0168

2 0470

3

4 0

5 1

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7 0

8 2

9 4201

10

11

12 3-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>IRON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u>		Length of stay in 1b <u>1 DAY</u>	c. CITY OR TOWN <u>VULCAN</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SOUTHEAST</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>VULCAN</u>
3. NAME OF DECEASED (Type or print) First <u>EARL</u> Middle <u>CLARENCE</u> Last <u>RUBLE</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/25/1916</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HEAVY EQUIPMENT OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (City and state or country) <u>VULCAN, MO.</u>
13a. FATHER'S NAME <u>THOMAS RUBLE</u>		13b. MOTHER'S MAIDEN NAME <u>ADA RUBLE</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WW II 4-25-43</u>		17. INFORMANT <u>EDNA RUBLE</u> Address <u>VULCAN, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>	
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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:40</u> a.m. <u>PM</u> Month, Day, Year <u>26 May 1963</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
21. I attended the deceased from <u>26 May 1963</u> to <u>26 May</u> and last saw <u>D.O.A. at Hospital</u>		20f. CITY, TOWN, OR LOCATION <u>VULCAN</u> COUNTY <u>IRON</u> STATE <u>MO.</u>	
22a. SIGNATURE (Degree or title) <u>James A. Kinder, M.D.</u>		22b. ADDRESS <u>Cape Girardeau MO.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>5/29/63</u>	
24. FUNERAL DIRECTOR <u>GISH</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SUTTON</u>	
25. DATE RECD. BY LOCAL REG. <u>May 28, 1963</u>		23d. LOCATION (City, town, or county) <u>VULCAN MO.</u>	
26. REGISTRAR'S SIGNATURE <u>Irvin Kasten</u>		22c. DATE SIGNED <u>28 May 63</u>	

USE BLACK INK OR TYPEWRITER RIBBON

JUN 1 1963

JUN 5 1963

SEP 6 1963

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. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.