

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042726

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 384

DO NOT WRITE ON THIS STUD

VS 300  
Rev. 4/59

1 0019

2 1020

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 3-2

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 9 1963

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Shelbina, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lanahlin Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Shelbina, Mo.</u>
3. NAME OF DECEASED (Type or print) <u>George W Rubison</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>28</u> Year <u>1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>1-24-1898</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Mation County U.S.</u>	
13a. FATHER'S NAME <u>Benjamin Rubison</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Couch</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Rubison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Eda Rubison</u> Address <u>Shelbina, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MASSIVE CORONARY OCCLUSION</u>					INTERVAL BETWEEN ONSET AND DEATH <u>50 MIN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CHRONIC CORONARY ARTERY DISEASE</u>					<u>UNKNOWN</u>
DUE TO (c) <u>  </u>					<u>  </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Controlled Diabetes</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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>  </u> a.m. <u>  </u> p.m.		Month, Day, Year		20f. CITY, TOWN, OR LOCATION <u>KIRKSVILLE, Mo</u>	
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.)		20g. COUNTY <u>Shelby</u>	
20f. STATE <u>Mo</u>		20h. STATE		20i. STATE	
21. I attended the deceased from <u>11-27-63</u> to <u>11-28-63</u> and last saw him alive on <u>11-28-63</u> Death occurred at <u>13:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Paul Rugh</u> (Degree or title)			22b. ADDRESS <u>KIRKSVILLE, Mo</u>		22c. DATE SIGNED <u>11-29-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 30, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F.</u>		23d. LOCATION (City, town, or county) <u>Hannowell, Mo.</u>
24. FUNERAL DIRECTOR <u>Greening</u> Address <u>Shelbyville, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Nov 30, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DEC 10 1963

DEC 17 1963

3-9-64

EARL LAUGHLIN, JR. D.O.

Permit issued Nov. 28, 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 \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Charles V. Gray

Licensed Embalmer No. 4625T

P. O. Address Claremont

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.