

JAN 16 1949

Registration District No. **364**

Primary Registration District No. **2509**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County Hickory  
 (b) City or town Stark MO MO  
 (c) Name of hospital or institution: ✓  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 73 years years, months or days 2

3. (a) PRINT FULL NAME Mary Jane McCubbin  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Robert M. McCubbin 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased December 28 1866  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 33 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Benton County MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Byburn  
 18. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name John Byburn  
 15. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Olson

(b) Address 602 7th St

17. (a) Burial (b) Date thereof 12 23-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fisher Cemetery

18. (a) Signature of funeral director Vaughan & Rider

(b) Address Urbana Mo

19. (a) Dec 23 1940 (b) J M Robertson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory  
 (c) City or town Rural Stark Township  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 10 - 1940  
 \_\_\_\_\_, 19\_\_\_\_, to Aug 21, 19\_\_\_\_  
 that I last saw her alive on Aug 10, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anoxia Duration 1 yr

Due to \_\_\_\_\_

Due to Stomach & Liver 2 yrs

Other conditions nil  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

325 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J A Rouse (M. D. or other) MD

Address Urbana MO Date signed 12/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 1-41-42

Last filed 1-4-41

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.....

Allen W. Vaughan

Registered Apprentice No. ....

working under my personal supervision.

Signed

Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address. Verona, 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 this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 472660

Registration District No. 364

Primary Registration District No. 3309

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Academy  
(b) City or town Stark Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L. A. Glaser (M. D. or other)  
Address Urbana Mo Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Jane McCubbin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year \_\_\_\_\_

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 73 Months 11 Days 33 If less than one day \_\_\_\_\_ min.

9. Birthplace Benton County Missouri (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) June 17/41 (b) J. M. Robertson  
(Date received local registrar) (Registrar's signature)

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912