. S. No. 2
M—1/47
v. 5-17-39

19
2
5

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9097

Registration District No. 166 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 24 hrs. (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town Seneca, RFD#2 71
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME DAVID LAWRENCE McCUBBIN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Anna McCubbin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 13th, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	5	3	hr. min.

9. Birthplace Tarkio, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired--Salesman
11. Industry or business Joplin Supply Co.
FATHER
12. Name Abram McCubbin
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna McCubbin
(b) Address RFD#2, Seneca, Mo.
17. (a) Burial (b) Date thereof 3-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cem.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.
19. (a) 3-19-48 (b) Dolores Lampkins D.R.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1948 hour 12:20 minute A. M.

21. I hereby certify that I attended the deceased from January 17, 1948, to March 15, 1948
that I last saw him alive on March 14, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	48 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 R
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

23. Signature [signature] (M. D. or other)
Address 308 Frisco Bldg, Joplin Date signed 3-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-3-263

APR 6 1948

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, fact should be so stated above.