

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26061**

FILED AUG 29 1949

BIRTH NO. _____		REG. DIST. NO. 16		PRIMARY REG. DIST. NO. 4030		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) Golden City		c. LENGTH OF STAY (in this place) 65 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Golden City			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) K. c. (Last) Sublett			4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 4, 1853	
9. AGE (In years) (Month) (Day) (Hour) (Min.) 95		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bowling Green, Ky./	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William P. Sublett		13b. MOTHER'S MAIDEN NAME Loretta Lovenia Smith		14. NAME OF HUSBAND OR WIFE Sallie E. Sublett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Fannie Sublett Golden City, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Scurility, Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1946 to Aug 15, 1949 that I last saw the deceased alive on Aug 15, 1949 and that death occurred at 8 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Russell Kuapp, D.O.				23b. ADDRESS Golden City, Mo		23c. DATE SIGNED 8/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 18, 1949		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Golden City, Mo.	
DATE REC'D BY LOCAL REG. Aug. 17-1949		REGISTRAR'S SIGNATURE Elizabeth H. Pugh		25. FUNERAL DIRECTOR'S SIGNATURE Ed Phillips		ADDRESS Golden City, Mo.	

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

RECEIVED AUG 24 1949

District No. 10. C.

District File Number 8-49-915

Date Filed 8-26-49

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 _____

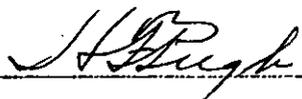
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____



Licensed Embalmer No. 3278

P. O. Address Golden City, 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.