No. 300
10.48

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3650

BIRTH NO. — REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Walsh Twp
c. LENGTH OF STAY (In this place): 1-6-6
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Hermitage~~ Cross Timbers
d. STREET ADDRESS (If rural, give location): McCUBBIN

3. NAME OF DECEASED (Type or Print): a. (First) GLEN b. (Middle) ALLEN c. (Last) McCUBBIN

4. DATE OF DEATH (Month) (Day) (Year): 2-4-50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10-16-29
9. AGE (In years last birthday): 20 — If under 1 year: Months 3 Days 18 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hickory Co. Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: R. D. McCubbin
13b. MOTHER'S MAIDEN NAME: Lonny Dunn
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DEATH EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Hospital Records, Nevada — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebrospinal Luetic Meningo-Encephalitis — INTERVAL BETWEEN ONSET AND DEATH

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.

025X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14, 19 49, *to* 2-4-, 19 50, *that I last saw the deceased alive on* 2-4-, 19 50, *and that death occurred at* 12 p m., *from the causes and on the date stated above.*

23a. SIGNATURE R. E. Hall (Degree or title) MD
23b. ADDRESS Nevada Mo
23c. DATE SIGNED 2-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 4-50
24c. NAME OF CEMETERY OR CREMATORY: Cross Timbers Cemetery
24d. LOCATION (City, town, or county) (State): Cross Timbers, Mo

DATE REC'D BY LOCAL REG. Feb. 4, 1950 — REGISTRAR'S SIGNATURE Kathryn H. Yancey 331 — **25. FUNERAL DIRECTOR'S SIGNATURE** Gilbert Holloway — ADDRESS Wheatland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 1-50-56
Date Filed 2-13-50

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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Wyo.

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.