

FILED JUN 19 1950

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 19697

2720

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Christian County Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo. RR. 23 <sup>rd</sup>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark, Mo., Finley Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Randalma Finley Township		d. STREET ADDRESS (If rural, give location) Rural Finley Township	
3. NAME OF DECEASED (Type or Print) a. (First) Arthur.		b. (Middle) William	c. (Last) Sublow
4. DATE OF DEATH (Month) (Day) (Year) May 21-1950	5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH May 5-1889	9. AGE (In years last birthday) 61 <sup>yr</sup>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Charles Sublow	13b. MOTHER'S MAIDEN NAME Minnie Hendrix	14. NAME OF HUSBAND OR WIFE Helen Sublow
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 Helen Sublow Ozark 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) Acute Cardiac failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease DUE TO (c) Arteriosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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 April, 1949, to May, 1950, that I last saw the deceased alive on 5/18, 1950, and that death occurred at 2 P.M., from the causes and on the date stated above.
23a. SIGNATURE (Degree or title) Vincent P. Mc Cormick D.O.	23b. ADDRESS Ozark Mo	23c. DATE SIGNED 5/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 23	24c. NAME OF CEMETERY OR CREMATORY Ozark Cemetery	24d. LOCATION (City, town, or county) (State) City
DATE REC'D BY LOCAL REG. June 13-1950	REGISTRAR'S SIGNATURE Letitia Leonard 59	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo	

RECEIVED JUN 14 1950  
District Health Office No. 6,  
District File Number 650-672  
Date Filed 6/15/50

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.