

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23312

Registrar's No. 631-A

396

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

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 631-A		
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		1050		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Johns Hospital				d. STREET ADDRESS (If rural, give location) Near Jenkins				
3. NAME OF DECEASED (Type or Print) Walter			a. (First) Walter			b. (Middle) McCubbin		
c. (Last) McCubbin			4. DATE OF DEATH		July 14, 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 28-1880		
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 3		IF UNDER 4 HRS. Days 16		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (State or foreign country) MICHIGAN COUNTY MO		
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME David McCubbin		13b. MOTHER'S MAIDEN NAME NETTIE DRACE		14. NAME OF HUSBAND OR WIFE ADELIA McCubbin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME A. W. BERGER			
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) Shock.				INTERVAL BETWEEN ONSET AND DEATH	
			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Hemorrhage.					
			DUE TO (c) Resection Prostate Gland (Carcinoma) Malignancy Prostate Gland					
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 7-13-50		19b. MAJOR FINDINGS OF OPERATION Malignancy Prostate Gland				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		177X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 7-12, 1950 to 7-14, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 4 P.M., from the causes and on the date stated above.								
23a. SIGNATURE Walter Berge				(Degree or title) Springfield, Mo		23b. ADDRESS		
23c. DATE SIGNED 7-26-50				24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 18, 1950		
24c. NAME OF CEMETERY OR CREMATORY LEANN		24d. LOCATION (City, town, or county) JENKINS MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
DATE REC'D BY LOCAL REG. 7-26-50		REGISTRAR'S SIGNATURE W. E. Handley M.D.		Funeral Director's Signature Address				

(Licensed Embalmer's Statement on Reverse Side) *Ward, Mo.*

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.....

*Gene H. Parrent*

working under my personal supervision.

Student Embalmer No. *349*

Signed *Gene H. Parrent*  
Student Embalmer

Signed *Dean L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Quincy 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.