

S. No. 300
V. 30.48

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36535

State File No.

270
1

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5318 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lebanon Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Atterville</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>9 miles south of Pilot Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atterville R.F.P.</u>			
3. NAME OF DECEASED (Type or Print) <u>LESTER GREEN RUBEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1950</u>	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 17, 1866</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>13</u>	
IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas W. Rubey</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah M. Amick</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr. Anna Rubey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Rubey, Atterville, Mo</u>		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) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>			
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) _____ (m.) _____		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 <u>Nov. 26, 1950</u> , to <u>Nov. 29, 1950</u> , that I last saw the deceased alive on <u>Nov. 29, 1950</u> , and that death occurred at <u>4:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. W. Johnson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Atterville, Mo.</u>	
23c. DATE SIGNED <u>12-1-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 2, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atterville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 2, 1950</u>		REGISTRAR'S SIGNATURE <u>Hellie Mullett</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Painter</u>		ADDRESS <u>Atterville, Mo.</u>	

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

RECEIVED 12-12-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-12-50

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 *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Atterville, 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.