

STANDARD CERTIFICATE OF DEATH

State File No.

63438-52

FEB 9 1952

BIRTH NO. REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3054 Registrar's No. 45

1941

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 309 MURPHY ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 309 MURPHY ST			

3. NAME OF DECEASED (Type or Print) a. (First) DARRELL b. (Middle) EUGENE c. (Last) MCCUBBINS			4. DATE OF DEATH (Month) (Day) (Year) JAN 29 1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH SEPT 2 1951		9. AGE (In years last birthday) 0 Months 4 Days 27		10. 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) BONNE TERRE Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JAMES MCCUBBINS		13b. MOTHER'S MAIDEN NAME RENA MCGEE		14. NAME OF HUSBAND OR WIFE NONE	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME JAMES MCCUBBINS	
				ADDRESS BONNE TERRE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia						2 days	
ANTECEDENT CAUSES		DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Acute enterocolitis				4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)	
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? 57.10	

22. I hereby certify that I attended the deceased from **Jan. 28, 1952**, to **Jan. 29, 1952**, that I last saw the deceased alive on **Jan. 28, 1952**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Marvin J. Haw, Jr.		(Degree or title) M.D.		23b. ADDRESS Bonne Terre Mo		23c. DATE SIGNED 1/31/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 31/1952		24c. NAME OF CEMETERY OR CREMATORY BUSTER		24d. LOCATION (City, town, or county) (State) VALLES MINES Mo	
DATE REC'D BY LOCAL REG. Jan 31, 1952		REGISTRAR'S SIGNATURE Ethel Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Bernard Hudak		ADDRESS Bonne Terre Mo	

STATEMENT BY LICENSED EMBALMER

No Embalming

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.....

P. O. Address.....

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.