

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8772

State File No.

MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 48

493
4

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route #4 Carthage 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gregory Convalescent Home		d. STREET ADDRESS (If rural, give location) Rural 1	
3. NAME OF DECEASED a. (First) ELLA b. (Middle) MARIE c. (Last) CHUBB			4. DATE OF DEATH (Month) (Day) (Year) Mar. 11 1952
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 26, 1874
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 9 Days 15	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carning Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm Clark Chubb	
13b. MOTHER'S MAIDEN NAME Mary E. Roberts		14. NAME OF HUSBAND OR WIFE never married	
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 ADDRESS How McKinnon
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) 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 331X	
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) (Minute)		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 3-5, 1952, to 3-5, 1952, that I last saw the deceased alive on 3-5, 1952, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE M. Foster Whitten (Degree or title) M.D.		23b. ADDRESS Carthage, Mo	
23c. DATE SIGNED 3-12-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mch 13-52	
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 3-12-52		REGISTRAR'S SIGNATURE L.B. Clutter (139) M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo			

RECEIVED 3-21-52
Wasper County Health Office

County File Number 52-3/228

Date Filed 3-21-52

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 Ira E. Meadows

Licensed Embalmer No. H637

P. O. Address Carthage, 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.