

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. WAKEMAN
State File No. 27808
760

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY GREENE 0390 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE 0390	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION DUNCAN REST HOME.		d. STREET ADDRESS (If rural, give location) 2811 COLLEGE	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) B.	c. (Last) RUBISON	4. DATE OF DEATH (Month) (Day) (Year) AUG. 14, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED NEVER MARRIED	8. DATE OF BIRTH MAY 3, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) GREENE COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM RUBISON	13b. MOTHER'S MAIDEN NAME LUCY ANN BRITAIN	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAGGIE RUBISON SPRINGFIELD, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Chronic Decomposition June 52		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from January 1952, to Aug 14, 1952, that I last saw the deceased alive on Aug 9, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Hewitt Wakeman M.D.	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 8-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-15-52	24c. NAME OF CEMETERY OR CREMATORY GARROUETTE CEMETERY	24d. LOCATION (City, town, or county) (State) NEAR PLANO, MO.
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DATE REC'D BY LOCAL REG. 8-15-52	REGISTRAR'S SIGNATURE J. Hewitt Wakeman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Walter E. Hamula

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.