No. 300
10.48

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

XC-195 14 76
RN-2768
FILED NOV 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37836

State File No.

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 506

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 68 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carter
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellsinore 0180
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): L.
c. (Last): RUBERT

4. DATE OF DEATH (Month) (Day) (Year): 11-7-52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 11-3-89
9. AGE (In years last birthday): 63 — If under 1 year: Months / Days — If under 24 hrs.: 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: Farm
11. BIRTHPLACE (State or foreign country): Aledo, Illinois /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Bert Rubert
13b. MOTHER'S MAIDEN NAME: Forest Leona Crites
14. NAME OF HUSBAND OR WIFE: Grace W. Rubert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WW I
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hospital Records

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) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 12 to 14 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* VA *attended the deceased from* 9-17, 1952, *to* 11-7, 1952, ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXXXXXX~~ *and that death occurred at* 6:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. Y. DeLaney 0 (Degree or title): A. Y. DeLANEY, M.D., Chief Surgeon
23b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
23c. DATE SIGNED: 11-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 11/12/1952
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Wm. H. Johnson 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Greer Croy & Fitch Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 17 1952
BUTLER CO. HEALTH CENTER
FILE No. 1152547

APR 18 1956

DEC 12 1952

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Poplar Bluff, Missouri

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.