

FILED JAN 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4607

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wash. Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>	
c. LENGTH OF STAY (in this place) <u>16-5-0</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orba</u> b. (Middle) <u>None</u> c. (Last) <u>McCubbin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1953</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>11-5-1909</u>		9. AGE (In years last birthday) <u>43</u> Months <u>2</u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House maid</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monett Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Frank McCubbin</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Eastman</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital #3 Nevada Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Squamous cell carcinoma vagina</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous cell carcinoma vagina</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma uterus</u>		<u>1 year</u>	
		DUE TO (c) <u>174X</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Praecox Heliophrenia</u>		<u>16 yrs</u>	

19a. DATE OF OPERATION <u>11-28-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Huge Squamous cell carcinoma vagina</u>		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) _____		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 6-30 1952, to 1-17 1953 that I last saw the deceased alive on 1-17 1953, and that death occurred at 9:15 pm from the causes and on the date stated above.

23a. SIGNATURE <u>George Wheeler Wilson MD</u> (Degree or title)		23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>1-17-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joe</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Buchanan</u>		ADDRESS <u>Monett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-20-1953</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>			

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

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JAN 2 9 1953

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 J. A. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monroeville 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.