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

FILED MAY 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15305

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Ralls,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural(Center Township)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Center,Mo. R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Ralls,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural(Center Township)
d. STREET ADDRESS (If rural, give location): Center,Mo. R.F.D. 0870

3. NAME OF DECEASED (Type or Print)
a. (First): Wm
b. (Middle): Albert
c. (Last): Rubison.

4. DATE OF DEATH (Month) (Day) (Year): April,28,1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan,17,1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 3 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Monroe County,Mo.
12. CITIZEN OF WHAT COUNTRY?: Yes

13a. FATHER'S NAME: James Rubison
13b. MOTHER'S MAIDEN NAME: Sarah Johnson
14. NAME OF HUSBAND OR WIFE: Eulah Lee Rubison.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Eulah Lee Rubison — ADDRESS: Center,Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 14 mo.

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None 181X

19a. DATE OF OPERATION: Feb. 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma (Feb. 1952) of Bladder
20. AUTOPSY? YES ☐ 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 attended the deceased from* Feb 12, 19 53, *to* April 28, 19 53, *that I last saw the deceased alive on* April 28, 19 53, *and that death occurred at* 10:53 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Brooks Jr
(Degree or title): D.O.
23b. ADDRESS: Center,Missouri.
23c. DATE SIGNED: 4-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-1-1953
24c. NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Center,Mo.

DATE REC'D BY LOCAL REG.: 5-1-1953
REGISTRAR'S SIGNATURE: Clyde Wilsey 267
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Wilsey — ADDRESS: Perry,Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde C. Wiskey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.