

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30921

State File No.

No. 300
10-48

FILED OCT 7 1953

BIRTH NO. REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **306**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
c. LENGTH OF STAY (in this place) 60 yrs.		d. STREET ADDRESS (If rural, give location) 516-E-Jefferson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, 516-E-Jefferson St.			

3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) Florence c. (Last) Sublette			4. DATE OF DEATH (Month) (Day) (Year) 9 27 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 6, 1891		9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Knox County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME William Funk		13b. MOTHER'S MAIDEN NAME Sarah Palmer		14. NAME OF HUSBAND OR WIFE Thomas E. Sublette (D)			
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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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Harley, Kent, OH 10.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Arteriosclerosis						5 wks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Debilitated from apparent Herpes Zoster						Several mos.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION #201C				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) m.		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 Aug 24, 1953 to Sept 27, 1953, that I last saw the deceased alive on Sept 26, 1953, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John R. Roderick, D.O.		23b. ADDRESS 104 1/2 N Franklin St Kirksville, Missouri		23c. DATE SIGNED 9/30/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-1-53		24c. NAME OF CEMETERY OR CREMATORY Highland Park, Cem.		24d. LOCATION (City, town, or county) (State) Kirksville, Missouri	
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DATE REC'D BY LOCAL REG. 10-1-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Robert D. James		ADDRESS Kirksville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

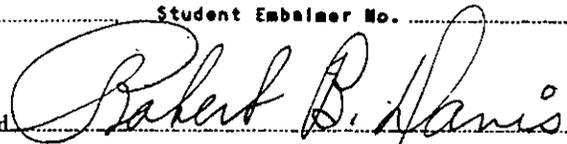
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.