

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

39504

State File No.

No. 300
10-48

FILED NOV 27 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 163

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

1. PLACE OF DEATH a. COUNTY <u>Wheeler</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Webb City</u> c. LENGTH OF STAY (in this place) <u>5 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gene Chiles Hospital</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Wt. Vernon Mo. - R.R. #1</u> d. STREET ADDRESS (If rural, give location) <u>Rural Route - #1 - 05.50</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Opal</u> b. (Middle) <u>Pauline</u> c. (Last) <u>Tubbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March-18-1903</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 DAY	IF UNDER 1 HOUR	IF UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>0</u> <u>Postville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George Riggs</u>	13b. MOTHER'S MAIDEN NAME <u>Leola Remondet</u>	14. NAME OF HUSBAND OR WIFE <u>John Tubbs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Tubbs - Wt. Vernon Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>of sanguination</u> 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) <u>ruptured Myocard Aneurysm</u> DUE TO (c) <u>of the jejunum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11/6/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Thrombosis of Mesenteric</u>	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) <u>5702</u>
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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 11-6, 1953, to 11-11, 1953, that I last saw the deceased alive on 11-11, 1953, and that death occurred at 2:47 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Gregory</u>	23b. ADDRESS <u>Webb City, Mo.</u>	23c. DATE SIGNED <u>11/11/53</u>
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24a. BURIAL? CREMATION? REMOVAL? (Specify) <u>Funeral</u>	24b. DATE <u>11-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wt. Vernon City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wt. Vernon Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-16-53</u>	REGISTRAR'S SIGNATURE <u>Mr. Madeline Smitzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Gassett</u>	ADDRESS <u>Wt. Vernon Mo.</u>
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RECEIVED
Jasper County Health Office
County File Number 924
Date Filed NOV 25 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2201

P. O. Address Wt. Kennon, W.

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.