

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21099**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5128** Registrar's No. **196**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Boone	b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Columbia 3	c. LENGTH OF STAY (In this place) 2	a. STATE Missouri b. COUNTY Boone 6100
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway Z - Columbia Tp.		c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		e. STREET ADDRESS Route 2 - Columbia Tp.	

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) HUGH	c. (Last) SUBLETT	4. DATE OF DEATH (Month) (Day) (Year) July 28, 1955
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH April 12, 1881	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 YRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William H. Sublett	13b. MOTHER'S MAIDEN NAME Alice Miller	14. NAME OF HUSBAND OR WIFE Deborah Lyle
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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 William H. Sublett, Columbia, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Skull DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SOURCE (Specify) Accident	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Highway Z	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 7 28 55 31	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 118 Driving on wrong side of road, collision
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22. I hereby certify that I attended the deceased from 7/28, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Henry H. Sweed, Jr., Coroner 3	23b. ADDRESS Columbia Mo.	23c. DATE SIGNED 8/1/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Missouri.
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DATE REC'D BY LOCAL REG. Aug 1, 1955	REGISTRAR'S SIGNATURE Mrs R E Palmer 31-0	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 9 1956

AUG 20 1956

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.....
Signature of Student Embalmer

Signed *J. P. Phillips*
Licensed Embalmer No. *489*
P. O. Address *Columbia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.