

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1955

State File No. **30118**

BIRTH NO. _____ REG. DIST. NO. **182** PRIMARY REG. DIST. NO. **5684** Registrar's No. **12**

5520

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Clay Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Morris Twp.	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 2 mi. West of Winigan	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD, Wheeling			

3. NAME OF DECEASED (Type or Print) a. (First) REBECCA b. (Middle) ALICE c. (Last) CLUBINE			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH May 11, 1888		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 12 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm home	
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John Belzer		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Haynes		14. NAME OF HUSBAND OR WIFE Robert W. Clubine	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Loren McCollum, Wheeling, Mo	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Metastasis from Carcinoma of Esophagus		2 1/2 yrs	
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"/>	
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) 191X	

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 **Aug 30, 1955**, to **Aug 8, 1955**, that I last saw the deceased alive on **Aug 8, 1955**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Alta Bryan D.O.		23b. ADDRESS Wheeling Mo		23c. DATE SIGNED 9-9-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20, 1955		24c. NAME OF CEMETERY OR CREMATORY Pickerel Cemetery	
24d. LOCATION (City, town, or county) (State) Sullivan Co., Mo.					

DATE REC'D BY LOCAL REG. Sept 12, 1955		REGISTRAR'S SIGNATURE Mrs. Budie Keeler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Hunt & Son, Brew City, Mo.	
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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

Carl R. Kent

Licensed Embalmer No.

4689

P. O. Address

Green City, 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.