

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40489**

FILED JAN 3 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saltriver township</b>		c. CITY OR TOWN <b>Mexico</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Neill Rest Haven</b>		e. STREET ADDRESS (If rural, give location) <b>Neill Rest Haven</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frances</b>		b. (Middle) <b>E.</b>		c. (Last) <b>McCubbin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24 1956</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Dec. 4, 1906</b>		9. AGE (In years last birthday) <b>50 4/0</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Prairie Hill, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
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13a. FATHER'S NAME <b>(UNKNOWN) Ferris</b>			13b. MOTHER'S MAIDEN NAME <b>Lucinda Howard</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.B. McCubbin Fulton, Mo.</b>							
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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 <b>2 weeks</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sinility</b>											

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 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) <b>492x</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				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 **Nov 20, 1956**, to **Dec 24, 1956**, that I last saw the deceased alive on **Dec 24, 1956**, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold Sanford M.D.</b>		23b. ADDRESS <b>Mexico, Mo.</b>		23c. DATE SIGNED <b>Dec 26, 1956</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-27-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laddonia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Laddonia, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Dec 26, 1956</b>		REGISTRAR'S SIGNATURE <b>B. K. G. Gleeley</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arnold Funeral Home Mexico, Mo.</b>			
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*H. R. Knight*

Licensed Embalmer No. *46 S.J.*

P. O. Address *Mexico, 74*

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.