S. No. 300
v. 10.48

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28696

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 199

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
d. STREET ADDRESS (If rural, give location): Leeper Hotel

3. NAME OF DECEASED (Type or Print): a. (First) CLAUDE b. (Middle) GUY c. (Last) STUBBS
4. DATE OF DEATH (Month) (Day) (Year): August 11 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 26 1875
9. AGE (In years last birthday): 82 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Dentist
11. BIRTHPLACE (City and State or Foreign Country): Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: George B. Stubbs
13b. MOTHER'S MAIDEN NAME: Sarah E. Hales
14. NAME OF HUSBAND OR WIFE: Grace Staton Stubbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Eugene Lee; Laclede, Missouri

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive vascular disease — Unknown
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: 331X
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Aug 11, 1957, *that I last saw the deceased alive on* Aug 10, 1957, *and that death occurred at* 7:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William L. Farr, M.D.
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: 8/12/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 13, '57
24c. NAME OF CEMETERY OR CREMATORY: Edgewood Cemetery
24d. LOCATION (City, town, or county) (State): Chillicothe, Missouri

DATE REC'D BY LOCAL REG.: 8/12/57
REGISTRAR'S SIGNATURE: Francis B Neill
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: NORMAN FUNERAL HOME: Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Joseph M. Gibson

Licensed Embalmer No. 4769

P. O. Address Chillicothe, 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.