

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018324  
STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 175 Primary Registration District No. 4-277 Registrar's No. 55

300  
-57

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Verona		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Verona		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 053 o ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clarence W. Tubbs			4. DATE OF DEATH Month Day Year May 12, 1959		
5. SEX Male o	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 12, 1882		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Lawrence County o		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Tubbs		13b. MOTHER'S MAIDEN NAME Mary Jane Harper		14. NAME OF HUSBAND OR WIFE Mary Tubbs	
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 Address Julian Tubbs Granby, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Inanition and Debilitation</i> DUE TO (b) <i>Intestinal Growth</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>Unknown</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>Aug. 1958</i> to <i>May 12 1959</i> and last saw him alive on <i>May 10 1959</i> Death occurred at <i>12:05 pm</i> on the <i>12</i> day stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Harold G. Singer Do.</i>			22b. ADDRESS <i>Mt. Vernon Mo.</i>		22c. DATE SIGNED <i>5/15/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <i>5-15-59</i>	23c. NAME OF CEMETERY OR CREMATORY Summit Cemetery		23d. LOCATION (City, town, or county) (State) Near Mt. Vernon, Law. Co. Mo.	
24. FUNERAL DIRECTOR H.D. Fossett		ADDRESS Mt. Vernon, Mo.	25. DATE RECD. BY LOCAL REG. <i>5-16-1959</i>	26. REGISTRAR'S SIGNATURE <i>Ora Mc Natt</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 .....  
Signature of Student Embalmer

Signed H. H. Lounsbury.....

Licensed Embalmer No. 2201.....

P. O. Address Int. Service.....

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.