

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042111

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 62-74 STATE FILE NUMBER

FILED DEC 11 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH
 a. COUNTY Dade
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood Length of stay in lb 1 Day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Lawrence
 c. CITY OR TOWN Miller Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
William Erskin Gubick 12-2-1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-18-1882 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months 6 Days 14 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Folk Co. Mo. 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Deskin Gubick 13b. MOTHER'S MAIDEN NAME Mattie Downforth 13c. NAME OF HUSBAND OR WIFE Waisy Gubick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none 16. SOCIAL SECURITY NO. none 17. INFORMANT Mrs. Meta Pyke Golden City Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) medullary Paralysis
 DUE TO (b) massive intracerebral cerebral hemorrhage
 DUE TO (c) arteriosclerosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 1958 to 1962 and last saw him alive on 12-1-62
 Death occurred at 1:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh Baker M.D. 22b. ADDRESS Miller, Mo. 22c. DATE SIGNED 12-4-62

23a. BURYAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-4-1962 23c. NAME OF CEMETERY OR CREMATORY Greys Point 23d. LOCATION (City, town, or county) (State) N.W. of Miller Mo.

24. FUNERAL DIRECTOR Mornia Simon ADDRESS Miller Mo. 25. DATE RECD. BY LOCAL REG. 12/5/1962 26. REGISTRAR'S SIGNATURE J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON
 Hugh Baker, D.O.

DEC 13 1962

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 G. R. Seiman

Licensed Embalmer No. 3297

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