FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

27839

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 7391

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether)
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Shelby 999

(c) City or town Mode 14
(If outside city or town limits, write "RURAL")

(d) Street No. R R 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Doris Jean Hubbartt

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 2 (Day) 1933 (Year)

8. AGE: Years 14 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Shelby Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Frank Hubbartt
13. Birthplace Shelby Co. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Waneta Rentfro
15. Birthplace Effingham (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Frank Hubbartt
(b) Address Mode, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Holland, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 23 1948 (Date received local registrar) (b) J. F. Bedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1948 hour 12:20 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death 2d & 3d degree burns of 50% of body; Gastro Malacia; suffered when she attempted to ignite a fire by throwing gasoline on same at her home in Mode, Illinois, July 30, 1948, exact time unknown.

Due to

Due to ACCIDENT

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT

(b) Date of occurrence July 30, 1948

(c) Where did injury occur? Mode (City or town) Illinois (County) (State) 36

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury see above

23. Signature Patrick E. Taylor M.D. (M. D. or other)

Address Dep. Coroner Date signed 8/23/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address Mt Zion Ill

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.