

FILED FEB 7 1949.

STANDARD CERTIFICATE OF DEATH

State File No. 759

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

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 2 15390		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY --			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. LENGTH OF STAY (In this place) 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2 1/2 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Hart Clinic				d. STREET ADDRESS (If rural, give location) 3720 Vest			
3. NAME OF DECEASED (Type or Print)		a. (First) Arthur		b. (Middle) Curtis		c. (Last) Hubbs	
4. DATE OF DEATH		(Month) 1		(Day) 23		(Year) 49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) NEVER MARRIED		8. DATE OF BIRTH July 21, 1928	
9. AGE (In years last birthday) 20		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Wire maker		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Dan Hubbs		13b. MOTHER'S MAIDEN NAME Grace Pratt		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Mrs. Roscoe Nelson, Salem, Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple injuries ANTECEDENT CAUSES (b) Fractured skull, etc. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Auto accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H				INTERVAL BETWEEN ONSET AND DEATH Acute 28234 32	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Rear Roadway				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) Dent		(COUNTY) MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 23 1949 3 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident 33			
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE M. M. Hart M.D.				23b. ADDRESS Salem Mo		23c. DATE SIGNED Jan. 24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/25/49		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove		24d. LOCATION (City, town, or county) Salem, Mo.	
DATE REC'D BY LOCAL REG. Jan. 24-49		REGISTRAR'S SIGNATURE M. M. Hart M.D.		83		5. FUNERAL DIRECTOR'S SIGNATURE Carl K. Spencer	
						ADDRESS Salem, Mo	

(Licensed Embalmer's Statement on Reverse Side)

