

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4257

State File No.

BIRTH NO. _____ REG. DIST. NO. 5T PRIMARY REG. DIST. NO. 3011 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Carrollton</u>) c. LENGTH OF STAY (If this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital, 0</u>		d. STREET ADDRESS (If rural, give location) <u>207 West Washington</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>MAY</u> c. (Last) <u>HUBBELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13, 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 11, 1881.</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife,</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll County, Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME: <u>Elliott Cone Bullock</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Rumery</u>	
14. NAME OF HUSBAND OR WIFE <u>J. C. Hubbell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Tinsley Bristow, Tina, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis 2017</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy only.</u>	
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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 20, 1948</u> , to <u>Feb. 13, 1949</u> , that I last saw the deceased alive on <u>Feb. 13, 1949</u> , and that death occurred at <u>8:05 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl Reed M.D.</u>		23b. ADDRESS <u>Carrollton Mo.</u>	
23c. DATE SIGNED <u>2/16/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/16/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>Bozworth, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Gusten, Tina Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/16/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>	

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-24-49
~~3-1-49~~

MAR 29 1949

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.

Signed _____

Alfred W. Austin
Licensed Embalmer No. 3233

Signed _____
Student Embalmer

P. O. Address Tina, Missouri

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.

Alfred W. Austin