

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21193**
4996
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 18 1221a South Compton Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Elisha		b. (Middle)		c. (Last) Hubbard		4. DATE OF DEATH (Month) (Day) (Year) June 3 1949	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 16, 1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 9 Days 17	IF UNDER 24 HRS. Hours 17 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Lead Mfr.		11. BIRTHPLACE (State or foreign country) Grady, Arkansas		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Andrew Hubbard		13b. MOTHER'S MAIDEN NAME Ellen Austin		14. NAME OF HUSBAND OR WIFE Lucy Hubbard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucy Hubbard 1221a S. Compton			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart Disease <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Bronchial Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Grady (STATE) Ark.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/OX			
22. I hereby certify that I attended the deceased from 6-1 , 19 49 , to 6-3 , 19 49 , that I last saw the deceased alive on 6-3 , 19 49 , and that death occurred at 11:30p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Oscar L. Daniels (Degree or title) M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 6-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-10-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Grady, Arkansas	
DATE REC'D BY LOCAL REG. JUN 8 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Roove		ADDRESS 1221 N. Mead	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jeffrey A. Cooper

Licensee Embalmer No. 4600

P. O. Address 1221 E. Grand

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.