

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30334

State File No.

3708

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>424 Zapping</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp. O</u>				d. STREET ADDRESS (If rural, give location) <u>27 8</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Violet</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Hubbard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26-1949</u>					
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 13 1925</u>		
9. AGE (In years last birthday) <u>24</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life; or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE, (State or foreign country) <u>Missouri, Kansas City, U.S.A.</u>		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>James Edward McNamee</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Corbin</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred Hubbard</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred Hubbard Kansas City, 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* <u>Pulmonary Congestion & asphyxia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) <u>Past operative thyroid crisis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> <u>48 hrs.</u> <u>3 d. p. o. day.</u>	
19a. DATE OF OPERATION <u>8/23/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>massive enlargement of thyroid gland.</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., is it about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) _____		21d. (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>8/16</u> , 1949, to <u>8/26</u> , 1949, that I last saw the deceased alive on <u>8/25</u> , 1949, and that death occurred at <u>8:46 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Victor H. Zima, D.O.</u> (Degree or title)				23b. ADDRESS <u>926 E. 11th St. K.C., Mo.</u>		23c. DATE SIGNED <u>8/26/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-29-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-29-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. E. Foster</u>		ADDRESS <u>K.C. Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1961

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.....
Student Embalmer

Signed.....

Joe B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *KC. 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 this body is not embalmed, fact should be so stated above.