

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25972
Registrar's No. 158

FILED SEP 8 1950

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>ANDRAIN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ANDRAIN</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-SALT RIVER</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-SALT RIVER</u> | |
| c. LENGTH OF STAY (In this place) <u>life</u> | | d. STREET ADDRESS (If rural, give location) <u>RFD 3</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OPED 3 MEXICO MO</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ISABELLE</u> c. (Last) <u>HUBBARD</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 28 1950</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>APRIL 10 1888</u> |
| 9. AGE (In years last birthday) <u>62</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ |
| 11. BIRTHPLACE (State or foreign country) <u>LINCOLN Co MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>JAMES GRIFFIN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>BARTON HUBBARD</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Ann Curran</u> | | ADDRESS <u>Mexico Mo</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sensitivity</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Arteriosclerosis -</u> | |
| | | DUE TO (c) <u>Chronic Hypertension -</u> | |
| | | DUE TO (d) <u>Chronic Janile Erythema</u> | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. <u>General Hemiparesis (Large)</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) | | 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>July 1950</u>, to <u>Aug 28, 1950</u>, that I last saw the deceased alive on <u>Aug 28, 1950</u>, and that death occurred at <u>11:15 a.m.</u>, from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>R. W. Van Norden D.O.</u> | | 23b. ADDRESS <u>Mexico Mo</u> | |
| 23c. DATE SIGNED <u>8-29-50</u> | | | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>8-30-50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Edwards</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 30 1950</u> | | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Curran</u> | | ADDRESS <u>Mexico Mo</u> | |

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

0041

Date Received: SEP 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1420
Date Filed: SEP 7 1950

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 _____

Richard Y McDonald

working under my personal supervision.

Student Embalmer No. *374*

Signed *Richard Y McDonald*
Student Embalmer

Signed *Chris Arnold*

Licensed Embalmer No. *3569*

P. O. Address *Murphy's Inn*

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.