

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35971

1000
7
rural

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <i>Vernon Wash Township</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Laney</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nevada Wash. Sup. 645m12</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Branson 1060</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No. 3</i>		d. STREET ADDRESS (If rural, give location) <i>rural 1</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>ADAM</i> b. (Middle) <i>N.</i> c. (Last) <i>HUBLER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 7, 1950</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Jan 9, 1865</i>
9. AGE (In years last birthday) <i>85</i>		10. IF UNDER 1 YEAR Months <i>8</i> Days <i>28</i>	
11. IF UNDER 14 HRS. Hours <i>-</i> Min. <i>-</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
11. BIRTHPLACE (State or foreign country) <i>Jan 9, 1865 Iowa</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Hubler</i>		13b. MOTHER'S MAIDEN NAME <i>Marcella Cox</i>	
14. NAME OF HUSBAND OR WIFE <i>Bara Kimball</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>when when</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Records State Hosp 3 Nevada Mo</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Heart Disease</i> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Psychosis - also small laceration following fall Oct 5 - this was not a serious injury</i>	
19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>none</i>	
19c. INTERVAL BETWEEN ONSET AND DEATH <i>42005</i>		19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SLUDGE HOMICIDE (Specify) <i>fall</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>ward of hospital</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Nevada Vernon Mo.</i>		21d. HOW DID INJURY OCCUR? <i>fallen with small cut over right eye - this was not serious</i>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 5, 1950 m.</i>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>April 25, 1944</i> , to <i>Oct 7, 1950</i> , that I last saw the deceased alive on <i>Oct 6, 1950</i> , and that death occurred at <i>6:55 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Paul L. Barone</i>		23b. ADDRESS (Degree or title) <i>MD State Hosp 3 Nevada Mo</i>	
23c. DATE SIGNED <i>Oct 7, 1950</i>		24. LOCATION (City, town, or county) (State) <i>Branson Mo.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>10-7-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>unknown</i>		24d. LOCATION (City, town, or county) (State) <i>Branson Mo.</i>	
DATE REC'D BY LOCAL REG <i>Oct 9, 1950</i>		REGISTRAR'S SIGNATURE <i>Walter H. Spencer</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Allen V. Hays</i>		ADDRESS <i>Nevada Mo.</i>	

(Licensed Embalmers) Statement on Reverse Side

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

OCT 16 1950

Dist. File

10-50-2100

Date Filed

10-16-50

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

Allen V. Hayes

Licensed Embalmer No.

1968

P. O. Address

Nevada, 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.