

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40242

State File No.

No. 300
10.48

FILED NOV 25 1951

REG# - 96308

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3161

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY COLES	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN JEFFERSON BARRACKS)		c. CITY (If outside corporate limits, write RURAL and give township) 81 OR TOWN MATTOON	
c. LENGTH OF STAY (in this place) 78 DAYS		d. STREET ADDRESS (If rural, give location) 2612 RICHMOND AVE.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) ----	c. (Last) HUBBARD	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 10 1951
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5. SEX MALE <input type="radio"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-18-74	9. AGE (in years last birthday) 77 YRS	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER (RETIRED)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NEWTON, ILLINOIS /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME STEPHEN W. HUBBARD	13b. MOTHER'S MAIDEN NAME MARY F. MILLER	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) SPAW	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS JEFFERSON BRKS, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA, HEAD OF PANCREAS		INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - -		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 9-19-51	19b. MAJOR FINDINGS OF OPERATION ENTERO-ENTEROSTOMY	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-24-51** to **11-10**, 19 **51**, and that death occurred at **7:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE William S. Keener MD	(Degree or title)	23b. ADDRESS VAH JEFF BRKS, MO.	23c. DATE SIGNED 11-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11-11-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Shawneetown, Ill.
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DATE REC'D BY LOCAL REG. 10-11-51	REGISTRAR'S SIGNATURE Albert H. Hoppe	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edmond R. Remelius

Licensed Embalmer No.

4283

P.O. Address

St. Louis, 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.