

X
No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42054

State File No.

FILED DEC 22 1951

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town) De Soto		c. CITY (If outside corporate limits, write RURAL and give township) DeSoto	
c. LENGTH OF STAY (in this place) Yrs.		d. STREET ADDRESS (If rural, give location) 806 So. Fourth St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 616 So. Second St.			

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Andrew c. (Last) Hubbard			4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1951		
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5. SEX M	6. COLOR OR RACE A	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2, 1904	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	10b. KIND OF BUSINESS OR INDUSTRY Shoe Mfg.	11. BIRTHPLACE (State or foreign country) Jefferson Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Arthur E. Hubbard	13b. MOTHER'S MAIDEN NAME Stella Huskey	14. NAME OF HUSBAND OR WIFE Elizabeth Parry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-01-2210	17. INFORMANT'S SIGNATURE OR NAME Cecil Hubbard	ADDRESS Caledonia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unavoidable accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Struck by Car Driver DUE TO (c) By Jessie Donald Name E 812 4 25		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) De Soto Jefferson Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 15-1951 7:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accidental
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Long, Coroner	23b. ADDRESS De Soto Mo	23c. DATE SIGNED 12/16/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/18/51	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City; town, or county) (State) De Soto Mo.
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DATE REC'D BY LOCAL REG. 12-20-51	REGISTRAR'S SIGNATURE Marie Ferrer	25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Motherhead	ADDRESS De Soto Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

VS AUG 1 1959

DATE RECEIVED 12-21-51

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

28 1951

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address DeSoto, 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.