

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4261

FILED MAR 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>1 wk</u>		d. STREET ADDRESS (If rural, give location) <u>601 So. Park 0201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chamber Hospital</u>			

3. NAME OF DECEASED (First) (Middle) (Last) <u>DEHNA MAC. ROGERS HUBBARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-52</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-3-1877</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Mo.</u>				12. CITIZEN OF WHAT COUNTRY?			
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13a. FATHER'S NAME <u>William Dorman</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet Snow</u>			14. NAME OF HUSBAND OR WIFE <u>Luther Hubbard</u>					
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Luther Hubbard, 601 So. Park St</u>							
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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>Cerebral Hemorrhage</u>									
		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>									
		ANTECEDENT CAUSES									
		Morbid 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		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>										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)		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 16 Feb, 1952 to 25 Feb, 1952, that I last saw the deceased alive on 25 Feb, 1952, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Hill M.D.</u>		23b. ADDRESS <u>El Dorado Springs</u>		23c. DATE SIGNED <u>24 Feb 52</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>			
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DATE REC'D BY LOCAL REG. <u>2-27-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] El Dorado Springs</u>			
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418-1

(Licensed Embalmer's Statement on Reverse Side)

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

0201

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Floyd E. Caruthus*

Signed.....  
Student Embalmer

Licensed Embalmer No. *17419*

P. O. Address *Donald Springs*

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.