

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

State File No. **8555**

**FILED MAR 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **36** PRIMARY REG. DIST. NO. **4531** Registrar's No. **15**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Warren</b>		a. STATE <b>Mo</b> COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrenton Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrenton Mo</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Katie Gaus Memorial</b>		<b>Warrenton 0700</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Lee</b> b. (Middle) <b>Taylor</b> c. (Last) <b>HUBBARD</b>			(Month) (Day) (Year) <b>2-28-53</b>		
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>2</b>	<b>8. DATE OF BIRTH</b> <b>4-29-1870</b>		<b>9. AGE</b> (In years last birthday) <b>82</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Madison Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>James B. Hubbard</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma Alice McCall</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NO</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Keith Hubbard</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Vascular Accident</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>8 days</b>
	<b>ANCECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Genetial arteriosclerosis</b> DUE TO (c) <b>Epileptic partial seizures</b>		
	<b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Premortally treated hyperthyroidism</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 2-23, 1953, to 2-28, 1953, that I last saw the deceased alive on 2-28, 1953, and that death occurred at 8:38 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>W. Boelck</b>	<b>23b. ADDRESS</b> <b>Warrenton Mo</b>	<b>23c. DATE SIGNED</b> <b>3-3-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3-3-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>New Florence</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>New Florence Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3-4-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Floyd Logan</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Frank R. ...</b>	<b>ADDRESS</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48  
90  
4

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

The 25th day July 1953

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*[Handwritten Signature]*

Licensed Embalmer No. 1487

P. O. Address

*[Handwritten Address]*

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.