300
46

FILED JUL 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20957

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5208 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY, OR TOWN (If outside corporate limits, write RURAL and give township): Rural" Hurricane Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hale, Mo. R.F.D. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural" Prairie Twp.
d. STREET ADDRESS (If rural, give location): 12 mi. N.W. of Carrollton

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) HENRY c. (Last) HUBBARD

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1953

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married **8. DATE OF BIRTH:** Dec. 11, 1882 **9. AGE** (In years last birthday): 70 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming **10b. KIND OF BUSINESS OR INDUSTRY:** Farm **11. BIRTHPLACE** (State or foreign country): Carroll Co. Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: George W Hubbard **13b. MOTHER'S MAIDEN NAME:** Mary Ann Calvert **14. NAME OF HUSBAND OR WIFE:** Louella Bryant Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lewis Hubbard **ADDRESS:** Hale, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 3 yrs.

DUE TO (c) Mild Uremic Poisoning — 6 wks.

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: 331X
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 21, 1952, *to* June 28, 1953, *that I last saw the deceased alive on* June 26, 1953, *and that death occurred at* 8:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. W. Matheny D.O.
23b. ADDRESS: Chillicothe, Mo.
23c. DATE SIGNED: 6/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-30-53
24c. NAME OF CEMETERY OR CREMATORY: Wharton Cem.
24d. LOCATION (City, town, or county) (State): Carroll Co. Mo.

DATE REC'D BY LOCAL REG.: July 7, 1953
REGISTRAR'S SIGNATURE: Mrs Ruth Henderson
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Standley & Gibson, Carrollton, Mo

(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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.