

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

D. Haley 29237
State File No.

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (in this place) <u>16 yrs</u>	c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Brookfield</u> <u>0582</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>500 S. Main</u>		d. STREET ADDRESS (If rural, give location) <u>501 S. Main</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>JANE</u> c. (Last) <u>HUBBARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 14 - 1953</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June - 19 - 1871</u>	9. AGE (In years, last birthday) <u>82</u>	10 UNDER 1 YEAR <u>1</u> MONTHS <u>23</u> DAYS	10 OVER 1 YEAR <u>0</u> MONTHS <u>0</u> DAYS	10 OVER 1 MIN. <u>0</u> HOURS <u>0</u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Dentville Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Am. Drew</u>	13b. MOTHER'S MAIDEN NAME <u>D.K.</u>	14. NAME OF HUSBAND OR WIFE <u>Harry 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 <u>H. Hubbard</u> ADDRESS <u>Brookfield Mo</u>
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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.	18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>5 yrs</u> <u>6 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Cerebral Arteriosclerosis.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Arthritis, Hypertension.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</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 May 20, 1949, to Aug 14, 1953, that I last saw the deceased alive on Aug 14, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray R. Haley</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>8/15/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug - 16 - 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-17-53</u>	REGISTRAR'S SIGNATURE <u>Nadine Stanback</u> 167 Reg.	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Blacklock</u> ADDRESS <u>Brookfield Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10-48
582

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

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address

Brookfield 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.