

STANDARD CERTIFICATE OF DEATH

State File No. **36651**

FILED NOV 9 - 1953

BIRTH NO. _____

REG. DIST. NO. **245**PRIMARY REG. DIST. NO. **5836**Registrar's No. **103**

1. PLACE OF DEATH

a. COUNTY **Newton**b. CITY (If outside corporate limits, write RURAL and give township) **Rural - Neosho Twp.**

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri**b. COUNTY **Newton**c. CITY OR TOWN **Rural - Neosho**d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION **Route #5**e. STREET ADDRESS (If rural, give location) **Route #5****0730**

3. NAME OF DECEASED

(Type or Print)

a. (First) **Alexis**b. (Middle) **Rovell**c. (Last) **Hubbard**

4. DATE OF DEATH

(Month) **Nov.**(Day) **1**(Year) **1953**5. SEX **Male**6. COLOR OR RACE **White**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH

April 19, 18799. AGE (In years last birthday) **73**

IF UNDER 1 YEAR

Months

IF UNDER 1 YEAR

Days

IF UNDER 1 YEAR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Akron, Ohio**12. CITIZEN OF WHAT COUNTRY? **U. S. A.**13a. FATHER'S NAME **Alexis Hubbard**13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE

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

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Chronic Nephritis**DUE TO (c) **Senescence**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

594X

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) **Neosho, Mo.**

(COUNTY)

(STATE)

21d. TIME OF INJURY. (Month) (Day) (Year) (Hour)

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 **Jan**, 1953, to **Oct 31**, 1953, that I last saw the deceased alive on **Oct 31**, 1953, and that death occurred at _____ m., from the causes and on the date stated above.23a. SIGNATURE **C. E. Maness MD**

(Degree or title)

23b. ADDRESS **Neosho, Mo.**23c. DATE SIGNED **11-2-53**24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**24b. DATE **11-1-53**24c. NAME OF CEMETERY OR CREMATORY **Jet Cemetery**24d. LOCATION (City, town, or county) **Jet, Oklahoma**

(State)

DATE REC'D BY LOCAL REG. **11-2-53**REGISTRAR'S SIGNATURE **Melvin C. Bowman****223-0**25. FUNERAL DIRECTOR'S SIGNATURE **Doyle Thompson**ADDRESS **Neosho, Mo.**

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

730

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 1153-204

Date Filed NOV 6 1953

NEOSHO, MISSOURI

DEC 21 1953

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.....
Signature of Student Embalmer

Signed Carley J. Thompson

Licensed Embalmer No. 486

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.