

XC-364940  
RN-5522

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42198

State File No. ....

BIRTH NO. FILED DEC 17 1953 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salem</b>	
c. LENGTH OF STAY (in this place) <b>13 days</b>		d. STREET ADDRESS (If rural, give location) <b>304 West "E" Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>(NMN)</b> c. (Last) <b>HUBBS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 2, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>9-27-87</b>		9. AGE (In years last birthday) <b>66</b>		10. IF UNDER 1 YEAR Months <b>66</b> Days	
11. IF UNDER 4 HRS. Hours <b>66</b> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
11. BIRTHPLACE (State or foreign country) <b>Montrose, Colorado</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>John Hubbs</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bradley</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Hubbs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>	
				ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma, metastatic, Liver</b>				<b>6 mos ?</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma, Sigmoid</b>				<b>4 years</b>	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hepatic Insuff. sec. to I (a)</b>					

19a. DATE OF OPERATION <b>1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Probable Adenocarcinoma of Sigmoid, (hist.)</b>				20. AUTOPSY? <b>NO</b>	
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) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Nov. 19, 1953**, to **Dec. 2, 1953**, that death was due to the causes stated above, and that death occurred at **8:40a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. L. Ramos, M.D., Actg. Chief, Surgical Sv. VA Hospital, Poplar Bluff, Mo.</b>		23b. ADDRESS <b>12-2-53</b>		23c. DATE SIGNED <b>12-2-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-2-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>Salem, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>12/7/53</b>		REGISTRAR'S SIGNATURE <b>R. L. Ramos</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Spencer Fun. Home Salem, Mo.</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 14 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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 *Howard W. Peck*

Licensed Embalmer No. 2964

P. O. Address *Replac. Bluffton*

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.