

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43937**

FILED DEC 24 1953

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5974** Registrar's No. **162**

840
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodson	
c. LENGTH OF STAY (in this place) - 3 years		d. STREET ADDRESS (If rural, give location) 6 miles N. Goodson	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6 miles N. Goodson			

3. NAME OF DECEASED (Type or Print) a. (First) Dewey b. (Middle) Parker c. (Last) Hubbard			4. DATE OF DEATH (Month) (Day) (Year) Nov 22-53		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept-30-1898		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 1 Days 22	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock farming		11. BIRTHPLACE (State or foreign country) Bentonville, MO	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Walter Hubbard		13b. MOTHER'S MAIDEN NAME Ellen Parker	
14. NAME OF HUSBAND OR WIFE Wula Edna Hubbard		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-29-3813	

17. INFORMANT'S SIGNATURE OR NAME Edna Hubbard-Goodson		ADDRESS MO	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4201	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓		21e. INJURY OCCURRED WHILE AT WORK (Specify) <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 **Nov. 22, 1953**, to _____, 19____, that I last saw the deceased alive on **Nov. 22, 1953**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward Benjamin Corvier		23b. ADDRESS Polk Co. Mo. Bentonville, MO.		23c. DATE SIGNED 11/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-24-1953		24c. NAME OF CEMETERY OR CREMATORY Shilo Cemetery	
24d. LOCATION (City, town, or county) Benton Co. MO.		24e. FUNERAL DIRECTOR'S SIGNATURE Robert Hathaway		ADDRESS MO	

DATE REC'D BY LOCAL REG. 12/19/53		REGISTRAR'S SIGNATURE Ralph Gordon		25. FUNERAL DIRECTOR'S SIGNATURE Robert Hathaway	
				ADDRESS MO	

REC'D & FILED

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 *Charles J. Fullaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, 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.