

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

8120

State File No.

BIRTH NO. **FILED MAR 29 1954** REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **29**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Cooper	a. STATE Missouri		b. COUNTY Chariton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville	c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN Keytesville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		STREET ADDRESS (If rural, give location) 0210	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Thomas	b. (Middle) Hamilton	c. (Last) Hubbard	(Month) March	(Day) 22	(Year) 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED married	8. DATE OF BIRTH Oct. 6, 1902		9. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	11. BIRTHPLACE (City and State or Foreign Country) Keytesville, Mo.		12. CITIZENSHIP OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Hubbard	13b. MOTHER'S MAIDEN NAME Sallie Ford	14. NAME OF HUSBAND OR WIFE Zettie Hubbard
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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) no	16. SOCIAL SECURITY NO. 487-01-5246	17. INFORMANT'S SIGNATURE OR NAME Mrs Zettie Hubbard	ADDRESS Keytesville Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous leukemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 2041
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 May 1, 1946, to Mar. 22, 1954, that I last saw the deceased alive on Mar 21, 1954, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. W. M.D.	23b. ADDRESS Boonville Mo.	23c. DATE SIGNED 3/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 24/54	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Keytesville, Mo.
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DATE REC'D BY LOCAL REG. 3/24/54	REGISTRAR'S SIGNATURE D. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE Burnett Funeral Home	ADDRESS Keytesville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

JUN 17 1955

JUN 3 1955

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 *Berry W. Thacker*

Licensed Embalmer No. *394*

P. O. Address *Boonville*

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.