

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9477

State File No.

FILED MAR 16 1954

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	c. LENGTH OF STAY (If institution) <u>Lifetime</u>	c. CITY OR TOWN <u>Versailles</u>	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 <u>504 W. Washington</u>		e. STREET ADDRESS (If rural, give location) <u>504 W. Washington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>B.</u> c. (Last) <u>Hubbard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>Apr. 6, 1871</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR <input type="checkbox"/>	11. UNDER 2 HRS. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.U.</u>	

13a. FATHER'S NAME <u>James M. Ferguson</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilkinson</u>	14. NAME OF HUSBAND OR WIFE <u>John Hubbard</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nora White Versailles, Mo.</u>

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	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. <u>Pneumonic abscess, draining</u>		<u>2 months</u>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Sept, 1952, to March, 1954, that I last saw the deceased alive on March 5, 1954, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray L. E. M.D.</u>	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>3-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9 Mar. 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>

DATE REC'D BY LOCAL REG. <u>3-12-54</u>	REGISTRAR'S SIGNATURE <u>J. L. Jackson</u> <u>214-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Hubbard Versailles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Raymond C. Forster*

Licensed Embalmer No. *460*

P. O. Address. *Versailles*

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.