

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9645**

FILED MAR 29 1954

BIRTH NO. _____		REG. DIST. NO. 279		PRIMARY REG. DIST. NO. 4415		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksville Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 0829 OR TOWN Clarksville		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary I		b. (Middle) E		c. (Last) Hubbard	
4. DATE OF DEATH		(Month) Mar		(Day) 23		(Year) 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 31, 1896	
9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. HOURS & MIN.	
57		7		0		4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Potosi Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME John P. Douglas		13b. MOTHER'S MAIDEN NAME Lucy Lawson	
14. NAME OF HUSBAND OR WIFE Thomas 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. 487-30-0082				17. INFORMANT'S SIGNATURE OR ADDRESS Thomas Hubbard Clarksville			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of stomach				INTERVAL BETWEEN ONSET AND DEATH 3 mon.	
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		19b. MAJOR FINDINGS OF OPERATION 157 X				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) (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 4-21 , 1952, to 3-23 , 1954, that I last saw the deceased alive on 3-23 , 1954, and that death occurred at 6:30 PM. , from the causes and on the date stated above.							
23a. SIGNATURE John H. Hooker, M.D.				23b. ADDRESS Clarksville, Mo.		23c. DATE SIGNED 3-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar. 25, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Clarksville Missouri	
DATE REC'D BY LOCAL REG. 3-25-54		REGISTRAR'S SIGNATURE Ruda Beckwith		25. FUNERAL DIRECTOR'S SIGNATURE W. Brown		ADDRESS Clarksville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *L. P. Brown*.....

Licensed Embalmer No. 2648

P. O. Address Clarksville 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.