

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14383

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4470 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arrow Rock		c. LENGTH OF STAY (In this place) 50 years	c. CITY OR TOWN Arrow Rock
d. FULL NAME OF HOSPITAL OR INSTITUTION Streets not numbered		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) William Reid Hubbard		e. STREET ADDRESS (If rural, give location) Streets not numbered	

3. NAME OF DECEASED (Type or Print) William Reid Hubbard			4. DATE OF DEATH April 15th, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31st, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR 8 Months 14 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Drug store	11. BIRTHPLACE (City and State or Foreign Country) Montgomery County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Reid Hubbard	13b. MOTHER'S MAIDEN NAME Arretta Grooms	14. NAME OF HUSBAND OR WIFE Pearl Craig Hubbard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs W.R. Hubbard, Arrow Rock, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Cardiovascular System		12 years
	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 Malnutrition and Pulmonary Tuberculosis (Fibroid)		± 1 year ± 10 years	

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 8-6-53, 19___, to 4-15-55, 19___, that I last saw the deceased alive on 4-7-55, 19___, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE B. N. Stuart, M.D. (Degree or title)	23b. ADDRESS 329 Main, Booneville, Mo	23c. DATE SIGNED 4-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery, Arrow Rock, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. April 20-55	REGISTRAR'S SIGNATURE Cecil J. Reed - Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CAMPBELL-LEWIS-MARSHALL-Mo.
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WRITE PLAINLY - USING 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~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James N. Lewis*.....

Licensed Embalmer No. *117*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.