

FILED MAY 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12827
Registrar's No. 28

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5396

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|--|--|---|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY DOUGLAS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DOUGLAS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLANCHE | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN BLANCHE |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) KELSO b. (Middle) _____ c. (Last) HUBBARD | | 4. DATE OF DEATH (Month) (Day) (Year) APR. 22 1956 | |

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|---|-------------------------------|---|---|---|---|---|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 4 10 1887 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY OWN FARM | 11. BIRTHPLACE (City and State or Foreign Country) MODENA MO | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME WM. J. HUBBARD | 13b. MOTHER'S MAIDEN NAME JANE BANE | 14. NAME OF HUSBAND OR WIFE MATTIE 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 MATTIE HUBBARD ADDRESS BLANCHE 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH mal 2-3 hrs ? ? |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Posterior Coronary Infarct | | |
| | DUE TO (c) Chronic Coronary Heart Disease | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hypertension | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 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) (Min.) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:10 P.M.**, from the causes and on the date stated above.

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|---|----------------------------|--|
| 23a. SIGNATURE M. C. Gentry M.D. (Degree or title) | 23b. ADDRESS Ava Mo | 23c. DATE SIGNED 4-21-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 4 27 1956 | 24c. NAME OF CEMETERY OR CREMATORY JAVA |
| 24d. LOCATION (City, town, or county) AVA MISSOURI | | (State) |

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| DATE REC'D BY LOCAL REG. Apr 7-56 | REGISTRAR'S SIGNATURE Vestal Bushman | 25. FUNERAL DIRECTOR'S SIGNATURE CLINKINGBEARD FUNERAL HOME ADDRESS AVA MO |
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lytle C. Glickingbea*.....

Licensed Embalmer No. *423*

P. O. Address *Row, Va.*

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.