

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14395**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3061** Registrar's No. **172**

1. PLACE OF DEATH a. COUNTY <b>Flat River, St. Francois Co. Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois</b>	
b. CITY OR TOWN <b>Flat River</b>		c. CITY OR TOWN <b>Bonne Terre</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>618 Taylor Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>Route # 1 Bonne Terre, Mo.</b>	

3. NAME OF DECEASED (Type or Print) <b>Arby Lee Hubbard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 22, 1956</b>		
a. (First)	b. (Middle)		c. (Last)		

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 16 1906</b>	9. AGE (In years) Last birthday <b>49</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 1 YEAR Days <b>6</b>	IF UNDER 24 HRS. Hours <b>0</b>	IF UNDER 24 HRS. Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plant Guard</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>E. Bonne Terre, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US.</b>	
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13a. FATHER'S NAME <b>Thomas Hubbard</b>		13b. MOTHER'S MAIDEN NAME <b>Ada Humphrey</b>		14. NAME OF HUSBAND OR WIFE <b>Irene Hubbard</b>	
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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) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>W.W. # 11 490-03-6965</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Irene Hubbard E. Bonne Terre, Mo.</b>				ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>1-1/2 yrs.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lung</b>		DUPLICATE TO (b) <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>The doctor signing this certificate is doing so by authority of County Coroner, Berj M. Miller.</i>					
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) <b>163x</b> (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **6/7/54**, 19**am** to **6/7/54**, 19**am**, that I last saw the deceased alive on **6/7/54**, 19**am**, and that death occurred at **12:30** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard W. Miller</i>		(Degree or title)		23b. ADDRESS <b>Bonne Terre, Missouri</b>		23c. DATE SIGNED <b>5/2/56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/24/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bonne Terre Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>	
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DATE REC'D BY LOCAL REG <b>May 2, 1956</b>		REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyer-Benham</b>		ADDRESS <b>Bonne Terre, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1956

MAY 11 1956

**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 *B. T. Boyer*.....

Licensed Embalmer No. *36*.....

P. O. Address *Altoona*.....

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