Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30762

FILED SEP 21 1956

STATE FILE NUMBER 3808

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY Mc Curtain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐	c. CITY OR TOWN IDABELLE — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD — Length of stay in 1b 2 wks.	X d. STREET ADDRESS 201 N. W. Jamacie (If outside, give location) — Reside on Farm Yes ☐ No ☐

835 8

3. NAME OF DECEASED (Type or print) First MARY Middle HUBBARD Last		4. DATE OF DEATH Month August Day 28, Year 1956	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Sept. 25, 1878
9. AGE (In years last birthday) 77 yrs.	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Red River County, Texas	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Kirk		14. MOTHER'S MAIDEN NAME Ann Murray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Anna Ewell Address 2302 Montgall	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral vascular accident — 8 days

DUE TO (c) Arteriosclerosis 331 X — 15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 20 August 56, to 28 August 56 and last saw her/him alive on 28 August 56

Death occurred at 7:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley L. Goldman (Degree or title) Stanley L. Goldman MD

22b. ADDRESS 1708 Bryant Bldg Kansas City Mo

22c. DATE SIGNED 29 Aug 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/31/56	23c. NAME OF CEMETERY OR CREMATORY Idabelle	23d. LOCATION (City, town, or county) (State) Idabelle, Oklahoma
24. FUNERAL DIRECTOR ADDRESS WATKINS BROS. FN. HM. 18th & Beton		25. DATE RECD. BY LOCAL REG. 8-30-56	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 45

P. O. Address 18th & L

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.