

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36848**  
Registrar's No. **46**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **454K**

**1. PLACE OF DEATH**  
a. COUNTY **WEBSTER**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before death)  
a. STATE **MO** b. COUNTY **WEBSTER**

c. CITY OR TOWN **SEYMOUR** d. Is Residence within limits of a city or incorporated town? Yes  No

**3. NAME OF DECEASED**  
a. (First) **ANNA** b. (Middle) **BELL** c. (Last) **HUBBARD**

**4. DATE OF DEATH** (Month) (Day) (Year) **OCT 25 1956**

**5. SEX** **FEMALE** **6. COLOR OR RACE** **WHITE**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **WIDOWED** **8. DATE OF BIRTH** **JULY 19 1871**

**9. AGE** (In years, Last birthday) **85** 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** \_\_\_\_\_

**11. BIRTHPLACE** (City and State or Foreign Country) **MISSOURI** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **JAMES CHOUSE** **13b. MOTHER'S MAIDEN NAME** **Not known** **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**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.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **TONY CHOUSE** **ADDRESS** **SPRINGFIELD MO**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **CONGESTIVE CIRCULATORY FAILURE** (b) **DECOMPENSATED VALVULAR HEART DISEASE** (c) **ARTERIOSCLEROSIS**

**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** \_\_\_\_\_

**20. AUTOPSY?** YES  NO

**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)** **4214** (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **10-1, 1956**, to **10-25, 1956**, that I last saw the deceased alive on **10-24, 1956**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

**23a. SIGNATURE** *[Signature]* (Degree or title) **Dr.** **23b. ADDRESS** **Marshallfield, Mo.** **23c. DATE SIGNED** **10/27/56**

**24. BURIAL, CREMATION, REMOVAL** (Specify) **BURIAL** **24b. DATE** **10-28-1956** **24c. NAME OF CEMETERY OR CREMATORY** **MARSHFIELD** **24d. LOCATION** (City, town, or county) **MARSHFIELD MO** (State) \_\_\_\_\_

**DATE REC'D BY LOCAL REG.** **10-29-56** **REGISTRAR'S SIGNATURE** *[Signature]* **25. FUNERAL DIRECTOR'S SIGNATURE** **BARBER-EDWARDS** **ADDRESS** **MARSHFIELD MO**

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

920

**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 *George Stapp*.....

Licensed Embalmer No. *7161*

P. O. Address *W. H. Lane*

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.