

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

40458

FILED JAN 7 1957

Registration District No. 2 Primary Registration District No. 4007 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY A. ndrew			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Amazonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Amazonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 30 years	d. STREET ADDRESS (If outside, give location) 2850 S. Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EVA Middle LUE ELLEN Last HUBBARD			4. DATE OF DEATH Month Dec Day 19 Year 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 21, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 12 Hours 00 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Gerrard, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Henry Able			14. MOTHER'S MAIDEN NAME Susan Merchant		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Irene Wandfluh, Amazonia, Mo.		
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) Senile Psychoses PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X					INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs. 10 yrs. 2 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 9:40 A. Month 9 Day 15 Year 55 a. m. 9:40 A. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 7-15-55 , to 12-19-56 and last saw her alive on 12-18-56 Death occurred at 9:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Warren C. Baker (Degree of title)			22b. ADDRESS Savannah, Mo.		22c. DATE SIGNED 12-20-56
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/22/1956	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	23d. LOCATION (City, town, or county) Amazonia, Mo.	(State)	
24. FUNERAL DIRECTOR Walter Bowman		ADDRESS St Joseph Mo.	25. DATE RECD. BY LOCAL REG. 12-22-56	26. REGISTRAR'S SIGNATURE Lillian Sparks	

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

300
-56

-0

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 *Billie C. Gorder*.....

Licensed Embalmer No. *49*.....

P. O. Address *J. Joseph*.....

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.