Health, Welfare Public Service

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FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17133
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2055

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Marys Hosp. — Length of stay in Ib: 4 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1107 Linwood — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mr Wolsey — Middle: WOLSEY — Last: HUBBELL

4. DATE OF DEATH: Month: April — Day: 30 — Year: 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: October 29, 1880
9. AGE (In years last birthday): 77 — 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): advertising Salesman Out Door adv.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Trenton Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: W.W. HUBBELL
13b. MOTHER'S MAIDEN NAME: FRANCES AUSTIN
14. NAME OF HUSBAND OR WIFE: OPAL HUBBELL

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.: 487-38-8363
17. INFORMANT: OPAL HUBBELL Address: ~~HOSPITAL RECORDS~~ K.C. Mo.

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): CORONARY A. Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CORONARY A. Thrombosis
DUE TO (c): Arteriosclerosis — 4201
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 [X]

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: ~~Kansas City~~ COUNTY: ~~Jackson~~ STATE: ~~Mo.~~

21. I attended the deceased from Jan. 1956, to April 30-57 and last saw him alive on April 30, 1957
Death occurred at 8:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. L. Sherman (Degree or title) M.D.
22b. ADDRESS: 4606 St John K.C. Mo.
22c. DATE SIGNED: 4-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 1, 1957
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Trenton Mo

24. FUNERAL DIRECTOR: Gegen Mortuary ADDRESS: Trenton, Mo
25. DATE RECD. BY LOCAL REG.: 5-1-57
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

K. L. Shireman

4600
3017 06

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 John R. Dedmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo.

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.