

FILED MAY 20 1957

## STANDARD CERTIFICATE OF DEATH

57018045  
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>5836</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>All Life</u>		c. CITY OR TOWN <u>Neosho</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Route # 2</u>				e. STREET ADDRESS (If rural, give location) <u>Route # 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Cora</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Hubbard</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>4</u>		(Year) <u>1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 28, 1897</u>	
9. AGE (In years) last birthday <u>59</u>		if UNDER 1 YEAR Months <u>11</u> Days <u>6</u>		if UNDER 24 HRS. Hours <u>6</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>			11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Rocky Comfort Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>James Hill</u>			13b. MOTHER'S MAIDEN NAME <u>Viola Doake</u>			14. NAME OF HUSBAND OR WIFE <u>Guy H. Hubbard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Guy H. Hubbard Neosho, R # 2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Arteriosclerotic Heart Disease,</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>1. Hypertension</u>					<u>10 yrs</u>
		DUE TO (c) <u>2. Diabetes Mellitus</u>					<u>20 yrs</u>
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 <u>260X</u>					20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>45</u> , to <u>May 4</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 4</u> , 19 <u>57</u> , and that death occurred at <u>3:25</u> p.m. from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold C. Lentz, M.D.</u>				23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>May 7, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Wood-Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7 Miles West Neosho, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-7-57</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home Neosho, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Dist. Health Officer No. Newton  
District file number 557-108  
Date Filed MAY 13 1957

JAN 13 1961.

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 Reed A. Fromhill

Licensed Embalmer No. 3590

P. O. Address John M.

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.