

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013740  
STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 105 104 Primary Registration District No. 4177 Registrar's No. 3

300  
1-57  
350

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clarkton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Clarkton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home-City</b>		Length of stay in 1b <b>Life</b>	d. STREET ADDRESS (If outside, give location) <b>City</b>
3. NAME OF DECEASED (Type or print) First <b>BETTIE</b> Middle <b>C.</b> Last <b>HUBBARD</b>			4. DATE OF DEATH Month <b>April</b> Day <b>4</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 2, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years birthday) <b>79</b>
13a. FATHER'S NAME <b>Samuel G. Templeton</b>		13b. MOTHER'S MAIDEN NAME <b>Samuella Williamson</b>	11. BIRTHPLACE (City and state or county) <b>Clarkton, Missouri</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
17. INFORMANT <b>Charles T. Hubbard, Ft. Smith, Arkansas</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart exhaustion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u>			<u>10 days</u>
DUE TO (c) <u>unknown</u>			<u>444X</u>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ Month, Day, Year _____ o.m. _____ 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 <u>1948</u> to <u>death</u> and last saw <sup>her</sup> him alive on <u>Apr. 5<sup>th</sup> 1958</u> Death occurred at <u>April 5<sup>th</sup> 1958</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. A. Steinmet M.D.</u> (Degree or title)		22b. ADDRESS <u>Clarkton Mo</u>	22c. DATE SIGNED <u>4/6/58</u>
23a. BURIAL, CREMATION, REBURY (Specify) <b>Burial</b>	23b. DATE <b>Apr. 7, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Stanfield Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Clarkton, Missouri</b>
24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-14-58</b>	26. REGISTRAR'S SIGNATURE <u>J. W. Schuman</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED DUNKLIN COUNTY HI

DEPARTMENT 4-21-2

COUNTY FILE NUMBER 457

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 Christine M. Lande

Licensed Embalmer No. 4227

P. O. Address Campbell

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.