

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015112
State File No.

FILED APR 29 1958

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 42

0730

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R.F.D. # 5, Neosho Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEOSHP TWP.			
3. NAME OF DECEASED a. (First) ANNA		b. (Middle) WALTON	
		c. (Last) HUBBS	
4. DATE OF DEATH Mar. 31, 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 6, 1874
9. AGE (In years last birthday) 83		10. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Lynchburg Virginia
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Pete Taylor		13b. MOTHER'S MAIDEN NAME Anne Faulkener	
14. NAME OF HUSBAND OR WIFE Geo. R. Hubbs			
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'S SIGNATURE OR NAME Eleta Williams, Stella Missouri		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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? 2 YES <input type="checkbox"/> NO <input checked="" 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) 4222			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>2-15-58</u> , to <u>3-31-58</u> , that I last saw the deceased alive on <u>3-31-58</u> , and that death occurred at <u>9:45A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. P. H. Davis M.D.		23b. ADDRESS Neosho, Mo.	
23c. DATE SIGNED 4-2-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-3-1958	
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		24d. LOCATION (City, town, or county) (State) Neosho Missouri	
DATE REC'D BY LOCAL REG. 4-21-58		REGISTRAR'S SIGNATURE Melvin C. Brown, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Carley Thompson		ADDRESS Neosho Mo.	

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

RECEIVED

District Health Officer *Newton*
District File Number 458-92
Date Filed APR 24 1958

MAY 8 1958

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
Student Embalmer

Signed *Corey Thompson Sr.*

Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

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 this body is not embalmed, fact should be so stated above.