

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044977

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 227 Primary Registration District No. 3-804 Registrar's No. 62

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY MONROE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MONROE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location). 400 N. MAIN ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM R HUBBARD			4. DATE OF DEATH Month Day Year DEC 15, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAY 15 1881		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RETD)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) PIKE COUNTY, MISSOURI	
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSHUA HUBBARD		13b. MOTHER'S MAIDEN NAME UNKNOWN	
13c. NAME OF HUSBAND OR WIFE PAULINE HUBBARD		14. NAME OF HUSBAND OR WIFE PAULINE HUBBARD		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.		17. INFORMANT <i>Pauline Hubbard</i>		Address <i>Monroe City, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
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 _____ a.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 <i>Dec 14</i> to <i>Dec 15</i> and last saw her/him alive on <i>Dec 15 - 1958</i> Death occurred at <i>9.15 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Wm W. Regalado MD</i>			22b. ADDRESS <i>Monroe Mo</i>		22c. DATE SIGNED <i>12-17-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-19-58	23c. NAME OF CEMETERY OR CREMATORY ARIEL CEMETERY		23d. LOCATION (City, town, or county) (State) MONROE CITY, MO R2
24. FUNERAL DIRECTOR <i>Wilson & Son</i>			25. DATE RECD. BY LOCAL REG. <i>12-17-58</i>		26. REGISTRAR'S SIGNATURE <i>F. A. Barnett M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

JUN 27 1959

JUN 1 0 1 1959

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leah L. Nelson.....

Licensed Embalmer No. 314.....

P. O. Address Monroe 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.