

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028743

Wakeman FILED VS AUG 24 1959

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 2000 Registrar's No. 881

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 80 YRS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 951 S. CAMPBELL		d. STREET ADDRESS (If outside, give location) 951 S. CAMPBELL	
3. NAME OF DECEASED (Type or print) First Middle Last MARY BELLE HUBBARD		4. DATE OF DEATH Month Day Year AUG. 20 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/9/69
9. AGE (last birthday) 90		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) CHRISTIAN COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME T.J. GIDEON		13b. MOTHER'S MAIDEN NAME LETITIA WILLIAMS	
14. NAME OF HUSBAND OR WIFE C. AL HUBBARD (DEC.)			
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. NO	
17. INFORMANT C.A. HUBBARD		Address SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis, Chronic & Decompensated DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year			
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 8-16-59		COUNTY STATE 8-16-59	
21. I attended the deceased from 8-16-59 to 8-16-59 and last saw her/him alive on 8-16-59 . Death occurred at 2 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Houston Wallman MD (Degree or title)		22b. ADDRESS Springfield Mo	
22c. DATE SIGNED 8-20-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/22/59	
23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD		23d. LOCATION (City, town or county) (State) SPRINGFIELD, MO.	
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.	
25. DATE RECD. BY LOCAL REG. 8-21-59		26. REGISTRAR'S SIGNATURE Effie E. Meeton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield

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.