

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 9 1960

=60-031201

STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 5-657 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Red Oak Red Oak</u>		Length of stay in 1b <u>Native</u>	c. CITY OR TOWN <u>Red Oak</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>14 Russell B.R.#1</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Ruth</u> Middle <u>E.</u> Last <u>Hubsey</u>			4. DATE OF DEATH Month <u>8</u> Day <u>30</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-8-1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>
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>Lawrence Co.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Craighton Stapper</u>		13b. MOTHER'S MAIDEN NAME <u>Abiga Fudge</u>		14. NAME OF HUSBAND OR WIFE <u>Bert Hubsey</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>492-40-9969B</u>		17. INFORMANT <u>Bert Hubsey of Russell Mo. R.P.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>circulatory failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>acute &amp; chronic coronary thromboses</u>	<u>3 years</u>
	DUE TO (c) <u>arteriosclerosis</u>	
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 <u>6</u> a.m. / p.m.	Month, Day, Year <u>4-24-59</u>	20f. CITY, TOWN, OR LOCATION <u>Miller, Mo.</u>	
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.)	20g. COUNTY <u>Miller, Mo.</u>	
21. I attended the deceased from <u>4-24-59</u> to <u>8-30-60</u> and last saw her alive on <u>8-3-59</u>		21. I attended the deceased from <u>4-24-59</u> to <u>8-30-60</u> and last saw her alive on <u>8-3-59</u>	
Death occurred at <u>6 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Hugh Baker</u>		(Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Miller, Mo.</u>		22c. DATE SIGNED <u>9-3-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-1-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Red Oak</u>		23d. LOCATION (City, town, or county) (State) <u>N.W. of Miller Mo.</u>	
24. FUNERAL DIRECTOR <u>Morris Seimon</u>		ADDRESS <u>Miller Mo.</u>		25. DATE REGD. BY LOCAL REG. <u>W &amp; Bussey - 9-7-60</u>		26. REGISTRAR'S SIGNATURE <u>W &amp; Bussey</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed E. R. Seimon

Licensed Embalmer No. 3297

P. O. Address Miller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.