

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-016894**

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 149

AMENDED

**FILED MAY 22 1961**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>COLE</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY</b>                   |  | c. CITY OR TOWN <b>Linn</b>  |  |
| Length of stay in 1b <b>12 days</b>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Chas. E Still Hospital</b> |  | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>                    |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Estella</b> Middle <b>Augustine</b> Last <b>Hubert</b> | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>15</b> Year <b>1961</b> |
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|                      |                               |  |                                   |                                  |  |   |
|----------------------|-------------------------------|--|-----------------------------------|----------------------------------|--|---|
| 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>8/11/1886</b> | 9. AGE (last birthday) <b>74</b> | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>4</b> | IF UNDER 24 HR<br>Hours <b>4</b> Min. <b></b> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>home maker</b> | 11. BIRTHPLACE (City and state or country) <b>Linn Mo</b> | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |
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| 13a. FATHER'S NAME <b>August Boillet</b> | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kemple</b> | 14. NAME OF HUSBAND OR WIFE <b>Jule C Hubert (dec)</b> |
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| 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>-----</b> | 17. INFORMANT Address <b>Mrs Joe Sandbothe Linn Mo</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Medullary Failure</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>16 mos</b><br><b>30 mos</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Generalized Metastatic Carcinomatosis</b> |  |
|  | DUE TO (c) <b>Carcinoma Breast primary site.</b>        |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) |
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| 20c. TIME OF INJURY<br>Hour <b></b> Month, Day, Year <b></b> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 |
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| 21. I attended the deceased from <b>1-10-61</b> to <b>5-15-61</b> and last saw her alive on <b>5-14-61</b><br>Death occurred at <b>2:40 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <b>Arthur W. Baldwin D.D.</b> | 22b. ADDRESS <b>Linn</b> | 22c. DATE SIGNED <b>5-16-61</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 23b. DATE <b>5/18/61</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>St George Cemetery</b> | 23d. LOCATION (City, town, or county) (State) <b>Linn Mo</b> |
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| 24. FUNERAL DIRECTOR ADDRESS <b>Clyde Martin Linn, Mo</b> | 25. DATE RECD. BY LOCAL REG. <b>16 May 1961</b> | 26. REGISTRAR'S SIGNATURE <b>R.P. Davis, MD Ricketts</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

dep

**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 Hermon M. Norton

Licensed Embalmer No. 4125

P. O. Address Liam Ma

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.