

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010054

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 662

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 26 1962**

1. PLACE OF DEATH  
 a. COUNTY **Butler**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Poplar Bluff** Length of stay in 1b **46 Years**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Poplar Bluff Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Butler**  
 c. CITY OR TOWN **Poplar Bluff** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **Hwy 67 North** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
**LUOY JANE HUBBLE**

4. DATE OF DEATH Month Day Year  
**March 18, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **1-20-1877** 9. AGE (last birthday) **85**  
 IF UNDER 1 YEAR Months Days Hours IF UNDER 24 HR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **- - - - -** 11. BIRTHPLACE (City and state or country) **Wayne County, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **George Kent** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Deceased**

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 Address **Mrs. J. E. Hubble Poplar Bluff**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Acute Myocardial Infarction**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Coronary Arteriosclerosis**  
 DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Congestive Heart Failure.**  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  N.  Unknown  
 INTERVAL BETWEEN ONSET AND DEATH **5 minutes**  
**15 years**

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **3-9-1962** to **3-18-1962** and last saw her alive on **3-18-1962**  
 Death occurred at **2:15 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **George L. Basham M. D.** 22b. ADDRESS **215 Oak Street Poplar Bluff, Missouri** 22c. DATE SIGNED **3/20/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **3-20-1962** 23c. NAME OF CEMETERY OR CREMATORY **Woodlawn Cemetery** 23d. LOCATION (City, town, or county) (State) **Poplar Bluff, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Greer Croy & Fitch Poplar Bluff, Mo.** 25. DATE RECD. BY LOCAL REG. **3/24/1962** 26. REGISTRAR'S SIGNATURE **Thelma Graham**

VS 300 Rev. 4/59  
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

**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 Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, 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.