

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1956

14275

State File No.

BIRTH NO. 26156-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 54

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | |
| b. CITY OR TOWN <u>Fort Leonard Wood</u> | c. LENGTH OF STAY (in this place) <u>2 hrs 5mins</u> | c. CITY OR TOWN <u>Fort Leonard Wood</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>08170</u> | |

| | | | | | |
|-------------------------------------|-----------------------------|---------------------------|---------------------------------------|-----|------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>Jeffery</u> | b. (Middle) <u>Lawrence</u> | c. (Last) <u>Hubbartt</u> | April | 26, | 1956 |

| | | | | | | | |
|--------------------|-----------------------------|---|--|---------------------------------|----------------|-----------------|---------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Cau</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>April 26, 1956</u> | 9. AGE (In years last birthday) | # UNDER 1 YEAR | # UNDER 1 MONTH | # UNDER 1 HOUR |
| | | | | | Months | Days | Hours Min. Sec. |
| | | | | | | | <u>2 5</u> |

| | | | |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N/A</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>N/A</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Leonard Wood, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|---|---|

| | | |
|---|---|--|
| 13a. FATHER'S NAME <u>Clifford Hubbartt</u> | 13b. MOTHER'S MAIDEN NAME <u>Judith A. Kerr</u> | 14. NAME OF HUSBAND OR WIFE <u>N/A</u> |
|---|---|--|

| | | |
|---|------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/A</u> | 16. SOCIAL SECURITY NO. <u>N/A</u> | 17. DECEASED'S SIGNATURE OR NAME <u>O.S. Milligan, Major, MSC, Fort Leonard Wood, Mo</u> |
|---|------------------------------------|--|

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|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANEMIA</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | MEDICAL CERTIFICATION <u>genesis of both kidneys, ureter and bladder and left testicle</u> | | |
| | ANTECEDENT CAUSES | | |
| | DUE TO (b) _____ | | |
| | DUE TO (c) _____ | | <u>7573</u> |
| | II. OTHER SIGNIFICANT CONDITIONS | | |
| | <u>1. Talipes varus</u> | | |
| | <u>2. Congenital dislocation of left hip</u> | | |

| | | | |
|------------------------|----------------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|--|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased on April 26, 1956, to _____, 19____, that I last saw the deceased alive on April 26, 1956 and that death occurred at 10:55p m., from the causes and on the date stated above.

| | | |
|---|--|-----------------------------------|
| 23a. SIGNATURE <u>Capt J. F. Zamora, MC (Degree or title)</u> | 23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u> | 23c. DATE SIGNED <u>26 Apr 56</u> |
|---|--|-----------------------------------|

| | | | |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-28-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cem. Crocker Missouri</u> | 24d. LOCATION (City, town, or county) (State) |
|---|--------------------------|--|---|

| | | | |
|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>4-27-56</u> | REGISTRAR'S SIGNATURE <u>Carole Grace Anderson</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>Walter S. Hedges</u> | ADDRESS <u>HEDGES FUNERAL HOMES INC CROCKER MO</u> |
|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

58

RECEIVED 4-27-52
Public Health Officer
Date Filed 4-28-52
File Number

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.

not Embalmed

Student.....
Signature of Student Embalmer

Signed..... *Clarence Inocencio*

Licensed Embalmer No. *48*

P. O. Address *Waynesville*

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