

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028767

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 846

300
1-57

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0396		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3011 State St.		Length of stay in lb 6 years	d. STREET ADDRESS (If outside, give location) 3011 State Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NORA Middle ROSETTA Last AMBROSE			4. DATE OF DEATH Month August Day 28 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 13 Sept. 1886	9. AGE (In years last birthday) 71	FUNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Webster County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W.J. Hubbard		13b. MOTHER'S MAIDEN NAME Adeline McCormick		14. NAME OF HUSBAND OR WIFE Farris Helen Creed, Springfield, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. ----		17. INFORMANT 3011 State Street, Farris Helen Creed, 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) pneumonia					INTERVAL BETWEEN ONSET AND DEATH approx 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular renal disease					10 yrs period
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442 X					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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
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	
21. I attended the deceased from 1948 to Aug 28, 58 and last saw her alive on Aug 28, 1958 Death occurred at 1:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James E. Hubbard, M.D. (Degree or title)			22b. ADDRESS 1630 N. Jefferson Springfield, Mo.		22c. DATE SIGNED Aug 29, '58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-30-58	23c. NAME OF CEMETERY OR CREMATORY Stewart Cemetery		23d. LOCATION (City, town, or county) (State) Webster County, Missouri.
24. FUNERAL DIRECTOR Reynolds, Springfield, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-29-58		26. REGISTRAR'S SIGNATURE Effie G. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 5 1950
SEP 8 1950

Green

Missouri

Green

X

Springfield

X

Springfield

X

3011 State Street

3011 State St. 6 rooms

March 28, 1950

AMERICAN

AMERICAN

AMERICAN

1327 N. 13th St.

X

White

Female

U.S.A.

101 W. 13th St.

Home

Residence

Address of Embalmer

U.S. Address

3011 State Street

of Springfield, Mo.

Home

Mo

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 *Lee Mason*

Licensed Embalmer No. 4568
Springfield,
P. O. Address Missouri

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.