

S. No. 2  
M-5-43  
Y. F-17-39  
I X36671

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF THE CENSUS  
U.S. GOVERNMENT PRINTING OFFICE: 1963 O-562-100  
STANDARD CERTIFICATE OF DEATH

State File No. **27382**  
Registrar's No. **635**

Registration District No. **128** Primary Registration District No. **2000**

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

1. PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 hrs**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Webster**  
(c) City or town **Marshfield Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **no RFD** (If rural, give location) **0**  
(e) Citizen of foreign country? **no** (Yes or No) **1**  
If yes, name country **X**

3. (a) PRINT FULL NAME **Horace Sterling Hobson**  
(b) If veteran, name war **no**  
(c) Social Security No. **496-24-4551**  
(d) Sex **male** (e) Color or race **wht**  
(f) (a) Single, widowed, married, divorced **Single**  
(g) (b) Name of husband or wife **NONE**  
(h) (c) Age of husband or wife if alive **XX** years  
(i) Birth date of deceased **Nov 24, 1922**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug** day **13** year **1945** hour **2** minute **55 P.M.**  
21. I hereby certify that I attended the deceased from **8-13-45** to **8-13-45**  
that I last saw **my** alive on **8-13-45** and that death occurred on the date and hour stated above.

8. AGE: Years **22** Months **8** Days **19** If less than one day **hr. min.**  
9. Birthplace **Webster Co Mo**  
(City, town, or county) (State or foreign country)

Immediate cause of death **hemorrhage middle meningeal artery**  
Due to **(rupt)**  
Due to **Thrown from Bull while riding in Rodeo.**  
Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER  
12. Name **Horace Edwin Hobson**  
13. Birthplace **Webster Co Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lura Lois Good**  
15. Birthplace **Webster Co Mo**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Horace Edwin Hobson**  
(b) Address **Marshfield, Mo.**  
17. (a) **Burial** (b) Date thereof **8-16-45**  
(Burial, cremation, or removal) (City, town, or county) (Day) (Year)  
(c) Place: burial or cremation **Marshfield, Mo.**  
18. (a) Signature of funeral director **Ray Finner**  
(b) Address **Marshfield, Mo.**  
19. (a) **8-14-45** (b) **W. W. Handley**  
(Date received local registrar) (Registrar's signature)

Major findings: **acute dorsal hemorrhage**  
Of operations **185-9**  
Of autopsy  
22. If death was due to external cause, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **8-12-45**  
(c) Where did injury occur? **Salem Dent Missouri**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place - Rodeo**  
While at work **yes** (Specify type of place) **Thrown from Bull**  
(b) Means of injury  
23. Signature **Adler Small** (M. D. or other) **MD**  
Address **Springfield Mo** Date signed **8-13-45**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Lee Rainey*.....

Licensed Embalmer No. 3312.....

P. O. Address Marble Falls, 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 this body is not embalmed, fact should be so stated above.