

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34754**

FILED OCT 18 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **224**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>	d. STREET ADDRESS (If rural, give location) <b>110 So. Ault</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>110 So. Ault</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Flora</b> b. (Middle) <b>Belle</b> c. (Last) <b>Hobban</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 9<sup>th</sup> 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec 9<sup>th</sup> 1855</b>	9. AGE (In years last birthday) <b>93</b>	if UNDER 1 YEAR Days <b>10</b> if UNDER 4 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>Edward Raagsdale</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Noonan</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Frank Brown</b>	ADDRESS <b>Moberly Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Had not been out of bed past 3 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, generalized with cardiac arrest</b>		
ANTECEDENT CAUSES <i>*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <b>Semility</b>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>4500</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7 Oct**, 19**49**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **7 Oct**, 19**49**, and that death occurred at **10:00 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. D. Chute MD (1)</b>	23b. ADDRESS <b>204 1/2 N 4<sup>th</sup> Moberly Mo</b>	23c. DATE SIGNED <b>10-11-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 11<sup>th</sup> 1949</b>	24c. NAME OF CEMETERY OR CREMATORY: <b>Oakland</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct 11-49</b>	REGISTRAR'S SIGNATURE <b>Leah Wheeler Love</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mohaw and Son</b>	ADDRESS <b>Moberly Mo</b>
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OCT 17 1948

RECEIVED

District Health Officer No. 10

District File Number 10-49-1791

Date Filed OCT 17 1948

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed Frank D. D'Armitt

Signed.....  
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly 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.