

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

4612

State File No. ....

**FILED FEB 27 1950**

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5480 Registrar's No. 12

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Grundy</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Trenton R#5</u>	c. LENGTH OF STAY (in this place) <u>50 years</u>	a. STATE <u>Missouri</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trenton Route 5</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Trenton R#5</u>		b. COUNTY <u>Grundy</u>
		d. STREET ADDRESS (If rural, give location) <u>Trenton R#5</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>Gusta</u>	b. (Middle) <u>M</u>	c. (Last) <u>Hobbs</u>	(Month) <u>JAN</u>	(Day) <u>22</u>	(Year) <u>1950</u>
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>M</u>	<b>8. DATE OF BIRTH</b> <u>Feb 16 1878</u>		<b>9. AGE</b> (In years last birthday) <u>71</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Grundy Co. Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>John Estes</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Galistine Hoskins</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Joah Hobbs</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> —	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Gleo Hobbs</u>
		<b>ADDRESS</b> <u>Route 5 Trenton, Mo</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 yrs.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hodgkin's Disease</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>451A</u>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from July, 1946 to Jan. 22, 1950, that I last saw the deceased alive on Jan. 22, 1950, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Naugles L. Pearce, M.D.</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>305 W 12th Trenton Mo.</u>	<b>23c. DATE SIGNED</b> <u>1-24-50</u>
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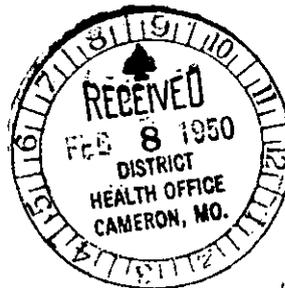
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>JAN 24 1950</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>IOof Edinburg</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Edinburg, MO</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Jan 24 50</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Gene Fair</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Davia-Blackma by Andrew Blackma</u>	<b>ADDRESS</b> <u>Trenton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 .....  
Student Embalmer

Signed.....

*J. Gordon Blackmon*

Licensed Embalmer No. *4602*

P. O. Address *Jerinton, 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.