

FILED JUN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17819

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 138

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

883

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> <u>1883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>923 Emmerson</u>		d. STREET ADDRESS (If rural, give location) <u>923 Emmerson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Hebble</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 - 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 7 - 1884</u>
9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>1</u>	11. DAYS <u>21</u>	12. HOURS <u>0</u> MIN. <u>MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery -</u>	
11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME <u>Thomas Hebble</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Richards</u>	14. NAME OF HUSBAND OR WIFE <u>Stella</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or date of service) _____	16. SOCIAL SECURITY NO. <u>497-30-7567</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stella Hebble</u>	ADDRESS <u>Moberly Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>5 years</u> <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____	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 Oct 3, 1944, to May 28, 1950, that I last saw the deceased alive on May 28, 1950, and that death occurred at 9 4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clemmie C. Coburn (I)</u>	23b. ADDRESS <u>300 1/2 W R Rd, Moberly Mo</u>	23c. DATE SIGNED <u>May 29 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 30 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bevier</u>	24d. LOCATION (City, town, or county) (State) <u>Bevier MO</u>
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DATE REC'D BY LOCAL REG. <u>May 30 - 50</u>	REGISTRAR'S SIGNATURE <u>Leah Williams</u>	P 269	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>	ADDRESS <u>Moberly Mo</u>
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RECEIVED JUN 5 1950
District Health Officer No. 1
District File Number 6-50-95
Date Filed JUN 6 1950

JUN 13 1950

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 Frank B. DeWitt

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.