

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34125

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 367

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>MARION</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>0644</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 N. MAIN ST</u> | | d. STREET ADDRESS (If rural, give location) <u>315 N. Main St</u> | |

| | | | | | | |
|---|-------------------------------|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>E</u> c. (Last) <u>Hobson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 1950</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>Nov. 30 1872</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u> | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | | | | |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>John Hobson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Margus</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ellen Hobson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Fred Hobson</u> | |
| | | | | ADDRESS <u>Hannibal</u> | |

| | | | | | | |
|--|--|---|--|--|--|---|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4201</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/> | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |

22. I hereby certify that I attended the deceased from 10-25, 1950, to 10-25, 1950, that I last saw the deceased alive on 10-25-50, 1950, and that death occurred at 4.4 m., from the causes and on the date stated above.

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 23a. SIGNATURE <u>J. H. Watterscheid M. D.</u> | | (Degree or title) <u>0</u> | | 23b. ADDRESS <u>508 Broadway, Hannibal Mo.</u> | | 23c. DATE SIGNED <u>10/30/50</u> | |
| 24a. BURIAL CREMATION (NON-REMOVABLE) <u>0</u> | | 24b. DATE <u>10-29-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cemetery Hannibal Mo</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>10-30-50</u> | | REGISTRAR'S SIGNATURE <u>Dr. M. Lucke</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> | | ADDRESS <u>Hannibal</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 3 1950 -
HEALTH DEPT.
NOV 9 1950
FILED

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.....

Licensed Embalmer No.....

P. O. Address.....

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.