

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3854

168

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1110 North 11th St.</u>		d. STREET ADDRESS (If rural, give location) <u>1110 North 11th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>M.</u> c. (Last) <u>Hobson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1951</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>August 15, 1884</u>	9. AGE (In years last birthday) <u>66</u>	# UNDER 1 YEAR Months	# UNDER 12 HRS. Days	# UNDER 12 MIN. Hours	Min.
--------------------	-------------------------------	---	---	---	-----------------------	----------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>George L. Hobson</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Johns</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys A. Hobson</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gladys A. Hobson</u>	ADDRESS <u>1110 N. 11th, St. Joseph</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>		
DUE TO (c) <u>Parkinson's Disease</u>		420 10 yrs	
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) (Min.)	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 10-24 1889, to Feb - 9 - 1951, that I last saw the deceased alive on 1-16, 1951, and that death occurred at 2:00A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>T.L. Horden, M.D.</u> (Degree or title)	23b. ADDRESS <u>620 Francis</u>	23c. DATE SIGNED <u>2-9-51</u>
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah Missouri</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Feb 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Post</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Theaton Bowman Funeral Home</u>	ADDRESS <u>St Joseph, Mo</u>
--	---	---	------------------------------

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

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.

Signed William Spalding.....

Signed
Student Embalmer

Licensed Embalmer No. 4535.....

P. O. Address 319 S. 10th St. Wash, D.C......

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.