

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34447

State File No.

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4363 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u>	
c. LENGTH OF STAY (In this place) <u>10 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>172-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>None</u> c. (Last) <u>Fobar</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 5 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>2-12-1894</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u> IF UNDER 10 HRS. Hours <u>.</u> Min. <u>.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Bernie, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jaeper Fobar</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Mae Fobar</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). <u>No</u>		16. SOCIAL SECURITY NO. <u>489-12-8784</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gideon, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</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 <u>161X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 1, 1950, to 11-5-51, that I last saw the deceased alive on 6-1-51, 1951, and that death occurred at 1000 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Hopkins</u> (Degree or title)		23b. ADDRESS <u>Gideon, Mo.</u>		23c. DATE SIGNED <u>11-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-7-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bernie</u>	
		24d. LOCATION (City, town, or county) (State) <u>Bernie, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>11-8-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. F. S. Hopkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd M. Russell, Gideon, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 18 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Lloyd M. Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 0509-Sub.

P. O. Address Piggott Ark.

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.