

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37858**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cartersville, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cartersville, Missouri 0490</b>	
c. LENGTH OF STAY (In this place) <b>12 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>510 S. Maple</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>510 S. Maple</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Neal</b> b. (Middle) <b>H.</b> c. (Last) <b>Hobson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 12 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 7, 1896</b>
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>5</b>	IF UNDER 4 HRS. Hours <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Joplin, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>CISCERO HOBSON</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Mary Hobson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.W.I</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Hobson Cartersville, Mo.</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b> INTERVAL BETWEEN ONSET AND DEATH  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"/> <b>002X</b>
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 <u>10-22</u> , 19 <u>51</u> , to <u>11-12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-12</u> , 19 <u>51</u> , and that death occurred at <u>9:45 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. J. Gregory</b> (Design or title) <b>MD</b>		23b. ADDRESS <b>Webb City, Mo</b>	23c. DATE SIGNED <b>11/13/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 16, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Granby Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Granby Missouri</b>
DATE REC'D BY LOCAL REG. <b>Nov 16-51</b>	REGISTRAR'S SIGNATURE <b>J. L. Sitchell MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Johnston Arnce Simpson Mortuary Webb City, MO.</b>	

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

0490

RECEIVED 11-20-51  
Jasper County Health Office

County File Number 51/11/860

Date Filed 11-20-51

Nov 13 1951

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 myself

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.