

FILED JAN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41047**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **343**

264

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BAY	
c. LENGTH OF STAY (in this place) 3 WKS.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chas. E. Still Osteo. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) Charolette c. (Last) HOBCIN			4. DATE OF DEATH (Month) (Day) (Year) DEC 30 1951		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Oct. 15 1878		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: Month _____ Day _____		IF UNDER 6 HRS: Hour _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY FARMING			11. BIRTHPLACE (State or foreign country) BAY, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME HENRY WALDECKER			13b. MOTHER'S MAIDEN NAME Catherine Peters			14. NAME OF HUSBAND OR WIFE John F. Hobcin		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Beckamp Owensville Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wernia							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) arteriosclerosis							
		DUE TO (c) hypertension							
		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 447X						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)	
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?	

22. I hereby certify that I attended the deceased from **Dec 10th 1951**, to **Dec 30, 1951**, that I last saw the deceased alive on **December 30, 1951**, and that death occurred at **1 PM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lawrence Everett Cullen D.O.		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 12/30/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 2 1952		24c. NAME OF CEMETERY OR CREMATORY ST. PAULS EV. CEM.		24d. LOCATION (City, town, or county) (State) BAY, MISSOURI	
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DATE REC'D BY LOCAL REG. Dec 30 1951		REGISTRAR'S SIGNATURE R.P. Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. R. Mifflord N.W. Winte Owensville	
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RECEIVED JAN 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 5 1952 _____

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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Melvin H N Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.