

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41282

State File No.

No. 300

10.48 FILED DEC 17 1951

BIRTH NO. 84637-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1028-A

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

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Green</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Douglas</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AVA</u>		D 240
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Hershel Ceburn</u>		b. (Middle) <u>Hobbs</u>
			c. (Last) <u>Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year)
					<u>12-1, 1951</u>
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
<u>Male</u>	<u>White</u>	<u>Never married</u>	<u>11-26-51</u>	<u>5</u>	IF UNDER 12 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Infant</u>	<u>- - - - -</u>	<u>Springfield, Missouri</u>		<u>USA</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>Hershel C. Hobbs</u>		<u>Anita Dobyns</u>		<u>- - - - -</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
<u>NO</u>		<u>No</u>	<u>None</u> <u>H. C. Hobbs, Ava, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u>				
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				
	DUE TO (b) <u>Inter cranial Bone Injury</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?
	<u>7600</u>				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)	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>11/26, 1951</u>, to <u>12/1, 1951</u>, that I last saw the deceased alive on <u>12/1, 1951</u>, and that death occurred at <u>12:10 a.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE		(Degree or title)		23b. ADDRESS	23c. DATE SIGNED
<u>[Signature]</u>		<u>[Title]</u>		<u>609 Cherry St.</u>	<u>12/11/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>	<u>12-2-51</u>	<u>Ava</u>		<u>Ava, Missouri</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
<u>12-12-51</u>	<u>[Signature]</u>		<u>[Signature]</u> <u>Clinkingbeard Funeral Home, Ava, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, Md.

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.