

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8778

FILED MAR 24 1952

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) Carthage		0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hosp.				d. STREET ADDRESS (If rural, give location) 1315 Forest 0			
3. NAME OF DECEASED (Type or Print) Lena		a. (First) Louella		b. (Middle) Hobbs		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) DEATH March 1, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 13, 1884		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		11. BIRTHPLACE (City and State or Foreign Country) Houston, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William T. Orr		13b. MOTHER'S MAIDEN NAME Matilda A. Steele		14. NAME OF HUSBAND OR WIFE Carl Hobbs	
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 Karl E. Hobbs Carthage, # 2			
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) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) 260X			
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 Feb. 23, 1952, to Mar 1, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.							
23a. SIGNATURE H. E. Burdewell M. D.				23b. ADDRESS Carthage Mo.		23c. DATE SIGNED Mar 3, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-4-52		24c. NAME OF CEMETERY OR CREMATORY Curtis Cemetery		24d. LOCATION (City, town, or county) (State) West of Carthage, Mo.	
DATE REC'D BY LOCAL REG. 3-4-52		REGISTRAR'S SIGNATURE L. B. Clutter M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0493  
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RECEIVED 3-21-52  
Jasper County Health Office

County File Number 52/3/218  
Date Filed 3-21-52

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 Ray G. Rose.....

Licensed Embalmer No. 4779.....

P. O. Address Carthage, 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.