

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

State File No.

LED APR 4 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 922

644
1

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0644</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 514 North Fourth</u> | | d. STREET ADDRESS (If rural, give location) <u>514 North Fourth</u> | |

| | | | | | |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED a. (First) <u>Wilbur</u> b. (Middle) <u>J.</u> c. (Last) <u>Hobson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1952</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>May 12, 1883</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u> | IF UNDER 12 HRS. Hours <u>11</u> Min. |
|--------------------|-------------------------------|--|---|--|--|--|

| | | | |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electric Worker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Valley City Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |
|---|---|--|--|

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>Joseph Hobson</u> | 13b. MOTHER'S MAIDEN NAME <u>Cornith Stoddard</u> | 14. NAME OF HUSBAND OR WIFE <u>Artie L. Hobson</u> |
|--|--|---|

| | | | |
|---|--|--|-------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Artie L. Hobson</u> | ADDRESS <u>Hannibal Missouri</u> |
|---|--|--|-------------------------------------|

| | | | |
|---|--|--|--|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>5 hrs</u> <u>50 more yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>and cirrhosis of the liver</u> | | |
| 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>5810</u> | 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) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 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 3/24, 1951, to 3/23, 1952, that I last saw the deceased alive on 3/19, 1952, and that death occurred at 9:30 Pm., from the causes and on the date stated above.

| | | | |
|--|-------------------|--|------------------------------------|
| 23a. SIGNATURE <u>Sam Buchanan D.O.</u> | (Degree or title) | 23b. ADDRESS <u>504 Broadway Hannibal, Mo</u> | 23c. DATE SIGNED <u>3/26/52</u> |
|--|-------------------|--|------------------------------------|

| | | | |
|--|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/26/1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u> | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u> |
|--|-------------------------------|---|---|

| | | | |
|--|--|--|---------|
| DATE REC'D BY LOCAL REG. <u>3/28/52</u> | REGISTRAR'S SIGNATURE <u>H. C. Fisher</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Crawford Smith</u> | ADDRESS |
|--|--|--|---------|

189-0

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 1 1952
MARIETTA CO. HEALTH DEPT.
DATE FILED APR 2 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. Crawford Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 3814

P. O. Address Honolulu, T.H.I.

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.