

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25047**

FILED AUG 8 1952

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY MCDONALD 0600 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MCDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) PINEVILLE		c. CITY (If outside corporate limits, write RURAL and give township) PINEVILLE 0600	
c. LENGTH OF STAY (in this place) 8 YRS		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print)	a. (First) CURTIS	b. (Middle) ZACHARIA	c. (Last) HOBBS	4. DATE OF DEATH (Month) (Day) (Year) 7-16-52
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 11-15-1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Month Day Hours Min. 77 8 1 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (State or foreign country) PIKE CO. MO.	12. CITIZEN OF WHAT COUNTRY U.S.		

13a. FATHER'S NAME W.M. HOBBS	13b. MOTHER'S MAIDEN NAME MARTHA LOVELACE LOUISA HOBBS	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) ✓	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Louise Hobbs Pineville Mo.	ADDRESS _____
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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, asthma, 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) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatitis DUE TO (c) _____		
11. 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 610X	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)
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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 _____
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22. I hereby certify that I attended the deceased from **7/15/1952** to **7/16/1952**, that I last saw the deceased alive on **7/16/1952**, and that death occurred at **9:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(In ink or type) _____	23b. ADDRESS Pineville Mo.	23c. DATE SIGNED 7/20/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-20-52	24c. NAME OF CEMETERY OR CREMATORY ANDERSON	24d. LOCATION (City, town, or county) (State) ANDERSON-MO.
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DATE REC'D BY LOCAL REG. 8-30-52	REGISTRAR'S SIGNATURE Mayme Humphrey	42370	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Humphrey	ADDRESS Pineville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *F. M. Humphrey Jr.* _____

Licensed Embalmer No. *14908* _____

P. O. Address *Macl, 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.