No. 300
10-48

FILED AUG 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28862

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 27

730

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

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granby
c. LENGTH OF STAY (in this place) 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Daughters Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Granby 0730
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Mattie
b. (Middle) Virginia
c. (Last) Hobson

4. DATE OF DEATH (Month) (Day) (Year) 7-28-1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 5-22-1864
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months 2 Days 6 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Neosho Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Abraham Ray
13b. MOTHER'S MAIDEN NAME Don't Know
14. NAME OF HUSBAND OR WIFE

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 Mrs Ida Ritchey — ADDRESS Granby Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 4200
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* July 28, 1952, *that I last saw the deceased alive on* July 28, 1952 *and that death occurred at* 5000 m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles E Chester (Degree or title) D.O.
23b. ADDRESS Granby Mo
23c. DATE SIGNED 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-30-1952
24c. NAME OF CEMETERY OR CREMATORY Hazel Green
24d. LOCATION (City, town, or county) (State) Boulder City Mo

DATE REC'D BY LOCAL REG. July 30 1952
REGISTRAR'S SIGNATURE M. L. Young 225
25. FUNERAL DIRECTOR'S SIGNATURE Culver-Shewmake — ADDRESS Granby Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 852-136
Date Filed AUG 18 1952

NEOSHO, MISSOURI

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.