

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10 OCT 27 1952

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 78

SS10

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ozark</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. So. of Madry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Aurora Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Fredrick</u>	c. (Last) <u>Hobson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1952</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 13, 1877</u>	9. AGE (In years last birthday) <u>75</u>	10 UNDER 1 YEAR Months _____	10 UNDER 1 YEAR Days _____	10 UNDER 1 YEAR Hours _____	10 UNDER 1 YEAR Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barry Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Hobson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Troxel</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Hobson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Noel Hobson</u> ADDRESS <u>Jenkins, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbidity 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 <u>No operations</u>	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) <u>4222</u>
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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 10-13, 1952, to Oct 22, 1952, that I last saw the deceased alive on Oct 22, 1952, and that death occurred at 3:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.A. [Signature]</u> (Degree or title)	23b. ADDRESS <u>m. d. Aurora Mo</u>	23c. DATE SIGNED <u>10-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 23</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leann Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-22-52</u>	REGISTRAR'S SIGNATURE <u>Orn. Mc Natt 157</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Wood</u> ADDRESS <u>Aurora, Mo.</u>
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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 James D. Crafton
Licensed Embalmer No. 4668
P. O. Address Windsor, Me.

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.