

FILED JAN 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4601

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nash. Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u> 3628	
c. LENGTH OF STAY (in this place) <u>12-6-17</u>		d. STREET ADDRESS (If rural, give location) <u>1906 East 43rd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Matthew</u> b. (Middle) <u>Herbert</u> c. (Last) <u>Hobroy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Oct 22-1898</u>		9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR Days <u>2</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas city mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U S A'</u>	

13a. FATHER'S NAME <u>Harry Hobroy</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Burke</u>		14. NAME OF HUSBAND OR WIFE <u>None Single</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>No Record</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hosp # 3 Nevada Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinosis of the Liver</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>5810</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Alimentia Praecox Paranoid type</u>				12-14 years	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____	
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? _____	

22. I hereby certify that I attended the deceased from Sept 15, 1951, to 1-17, 1953, that I last saw the deceased alive on 1-17, 1953 and that death occurred at 12:16 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>George Wheeler Wilson M.D.</u>		23b. ADDRESS <u>State Hospital # 3 Nevada Mo</u>		23c. DATE SIGNED <u>1-17-1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 19 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>1-20-1953</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home Nevada, Mo.</u>	
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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 ^{not} by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

ABT

Licensed Embalmer No. 1760

P. O. Address Newark 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.