

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41842**

FILED DEC 15 1953

BIRTH NO. _____		REG. DIST. NO. 339		PRIMARY REG. DIST. NO. 6149		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Stoddard,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY Stoddard, MO, 1030			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley R.F.D. No. 1;		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jack Creek T.S.		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Jacob			b. (Middle) Sherman		c. (Last) Hobbs,		4. DATE OF DEATH (Month) (Day) (Year) 11 24 53
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 11 - 21 - 1866	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 3		IF UNDER 24 HRS. Hours 0 Mins. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (State or foreign country) Dudley MO R.F.D. No. 1; 0		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Joe Hobbs			13b. MOTHER'S MAIDEN NAME Elizabeth Gilliam,		14. NAME OF HUSBAND OR WIFE Deceased.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Wola Mosley ADDRESS Dudley Mo, R 1;			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility 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. _____					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION _____					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)		794 X	
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 10-52 to 11-24 , 19 53 that I last saw the deceased alive on 11-18 , 19 53 and that death occurred at 7:00 A m., from the causes and on the date stated above.							
23a. SIGNATURE H. H. ... (Degree or title) 2.				23b. ADDRESS ...		23c. DATE SIGNED 11/25/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11 26 53	24c. NAME OF CEMETERY OR CREMATORY Hobbs Chapel		24d. LOCATION (City, town, or county) (State) Rural Stoddard Co,		
DATE REC'D BY LOCAL REG. 12/1/53		REGISTRAR'S SIGNATURE Pearl ...		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service		ADDRESS ...	

(Licensed Embalmer's Statement on Reverse Side)

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 *Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.