

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4278
4275
5556
12566
State File No.

FILED MAY 12 1954

BIRTH NO. REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5556 Registrar's No. 3

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>Lawrence</u>	
b. CITY OR TOWN <u>Miller Lincoln</u>		c. CITY OR TOWN <u>Miller Lincoln</u>	
c. LENGTH OF STAY (In this place) <u>Native</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) <u>Cornelia</u>	a. (First)	b. (Middle)	c. (Last) <u>Hobbs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-22-1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Month <u>4</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Native</u>
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13a. FATHER'S NAME <u>Frank Hunter</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Neece</u>	14. NAME OF HUSBAND OR WIFE <u>George Hobbs</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>Mrs. Jeanette Merrick Miller Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u>		<u>2 Wk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary site not known</u> DUE TO (c) <u>Non union fracture left hip</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized atherosclerosis</u>		<u>2 Wk</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1999 F</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 2/9, 1954, to 4/12, 1954, that I last saw the deceased alive on 4/11, 1954, and that death occurred at 610 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. J. Travis M.D.</u>	(Degree or title)	23b. ADDRESS <u>121 Vernon Mo</u>	23c. DATE SIGNED <u>4/16/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>S. of Miller Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-10-54</u>	REGISTRAR'S SIGNATURE <u>M. S. Bertley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Geiman Miller Mo.</u>	ADDRESS
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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 _____

Licensed Embalmer No. 2297

P. O. Address Miller 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.