

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12805

State File No.

No. 300
10.48

FILED MAY 3 1954

REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5832 Registrar's No. 4

0120

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Rural - Benton</u>		c. CITY OR TOWN <u>Rural - Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS <u>Neesho Mo. Rt. 3.</u>	
3. NAME OF DECEASED a. (First) <u>Oliver</u>		b. (Middle) <u>W.</u>	
c. (Last) <u>HOBSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>1-2-18-75</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Newton County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>		13. FATHER'S NAME <u>Joseph Walker</u>	
14. MOTHER'S MAIDEN NAME <u>Susan Howard</u>		15. NAME OF HUSBAND OR WIFE <u>(Deceased)</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		17. SOCIAL SECURITY NO. <u>None</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Arteriosclerotic heart disease.</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>ev & 1/2 hr.</u>	
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) (Minute)	
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 <u>Feb. 2, 1954</u> to <u>April 12, 1954</u> , that I last saw the deceased alive on <u>April 11, 1954</u> , and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. O. Christy, D.O.</u>		23b. ADDRESS <u>GRANBY, Mo.</u>	
23c. DATE SIGNED <u>4-13-54</u>		24. LOCATION (City, town, or county) (State) <u>Newton County, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-14-1954</u>	
24c. NAME OF CEMETERY OR-CREMATORY <u>Mt Zion</u>		24d. DATE REC'D BY LOCAL REG. <u>4-18-54</u>	
REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Morris Pope</u>	
ADDRESS <u>369</u>		ADDRESS <u>Newton, Mo.</u>	

RECEIVED

District Health Officer No. _____
District File Number 454-74
Date Filed APR 30 1954

NEWTON COUNTY HEALTH UNIT

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

James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.