

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14909**

FILED JUN 1 1954

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5120** Registrar's No. **150**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (in this place) 44 yrs	c. CITY OR TOWN Columbia
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Route #1	

3. NAME OF DECEASED (Type or Print)	a. (First) Carlton	b. (Middle) Elmer	c. (Last) Hobart	4. DATE OF DEATH (Month) (Day) (Year) May 22, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Aug. 8, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Roofing	11. BIRTHPLACE (City and State or Foreign Country) Cole County Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Benjamin Hobart	13b. MOTHER'S MAIDEN NAME Mary F. Pettenger	14. NAME OF HUSBAND WIFE Anabelle Slater Hobart
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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) No	16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clark Luther, Columbia, Mo.	ADDRESS Columbia, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	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 332X	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) (Min.)	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 **10-24, 1952**, to **5-22, 1954**, that I last saw the deceased alive on **5-19, 1954**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James Wallace MD	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 5-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/24/1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
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DATE REC'D BY LOCAL REG. May 24 1954	REGISTRAR'S SIGNATURE Mrs R. G. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Memorial Funeral Home, Columbia, Mo
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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, ~~and~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman H. Spunk*.....

Licensed Embalmer No. *4013*.....

P. O. Address *Columbia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.