

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22780

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy							
b. CITY (If outside corporate limits, write RURAL and give town) Trenton		c. LENGTH OF STAY (In this place) 0 4 0 2 0		c. CITY (If outside corporate limits, write RURAL and give township) Trenton		d. STREET ADDRESS (If rural, give location) 1544 Cedar Street					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1544 Cedar Street											
3. NAME OF DECEASED (Type or Print) a. (First) Lewis			b. (Middle) David		c. (Last) Hobbs		4. DATE OF DEATH (Month) (Day) (Year) July 4 1954				
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9/23/ 1873		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Missouri		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U			
13a. FATHER'S NAME William Hobbs			13b. MOTHER'S MAIDEN NAME Hanner Ritchey			14. NAME OF HUSBAND OR WIFE Mary Delana					
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 Mary Delana Hobbs				ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Prostatitis				INTERVAL BETWEEN ONSET AND DEATH 3 mo			
ANTECEDENT CAUSES Morbidity 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. Diabetes Mellitus							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 610X						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)							
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 June 20 , 19 54 , to July 4 , 19 54 , that I last saw the deceased alive on July 3 , 19 54 , and that death occurred at _____ m. from the causes and on the date stated above.											
23a. SIGNATURE J. H. Gair				(Degree or title) 23b. ADDRESS 115 8				23c. DATE SIGNED 7/6/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6, 54		24c. NAME OF CEMETERY OR CREMATORY Maple Grove		24d. LOCATION (City, town, or county) (State) Trenton Missouri					
DATE REC'D BY LOCAL REG. 7/6/54		REGISTRAR'S SIGNATURE J. H. Gair		25. FUNERAL DIRECTOR'S SIGNATURE Chas. D. Gipson		ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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 *Geo. J. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Trenton, N.J.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.