

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30054

State File No. ....

FILED SEP 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5241 Registrar's No. 25

1. PLACE OF DEATH  
a. COUNTY Cedar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Cedar

b. CITY (If outside corporate limits, write BURIAL and give address) OR TOWN Fairplay (Madison)

c. CITY OR TOWN Fairplay (Madison) Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Miles S.W. of Fairplay

e. STREET ADDRESS (If rural, give location) 6 Miles S.W. of Fairplay

3. NAME OF DECEASED  
a. (First) Silas b. (Middle) Austin c. (Last) Hobbs

4. DATE OF DEATH  
Month Sept Year 1954

5. SEX M

6. COLOR OR RACE wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH  
Feb. 25 1865

10. USUAL OCCUPATION (Give kind of work, including most of work of life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City, State or Foreign Country) Dade Co Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Silas Hobbs

13b. MOTHER'S MAIDEN NAME Polly Ann Fanning

13c. NAME OF HUSBAND OR WIFE Geometrical Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS  
Mrs. C. M. Fox Fairplay Mo

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) Coronary Heart Failure  
ANTECEDENT CAUSES  
DUE TO (b) arteriosclerosis  
Hypertension  
DUE TO (c) prostatic obstruction  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
6

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
6/10 X

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to Sept 1., 1954, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE S. D. Smith M.D. (Degree or title)

23b. ADDRESS Palmer Mo

23c. DATE SIGNED Sept 16 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 4/54

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State) Near Walnut Grove Mo

DATE REC'D BY LOCAL REG. Sept 25-1954

REGISTRAR'S SIGNATURE Geneva Garrison

24e. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Corrigan & Blue Palmer Mo

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.....  
Signature of Student Embalmer

Signed *Chas J. Ester*.....  
Licensed Embalmer No. *410*

P. O. Address *Bolivar*.....

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.