

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36736

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Advance</u> d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTIE</u> b. (Middle) <u>NECIE</u> c. (Last) <u>HOBBS</u>		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>June 13, 1873</u>	
9. AGE (In years last birthday) <u>81</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	
13a. FATHER'S NAME <u>Ridge</u>		14. NAME OF HUSBAND OR WIFE <u>Rolley Hobbs</u>	
13b. MOTHER'S MAIDEN NAME <u>Moore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R.H. [Signature]</u>		ADDRESS <u>Advance, Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u> ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u> DUE TO (b) <u>myocardial damage - atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene of Gall bladder</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of gall bladder</u>	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (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 <u>Nov 18, 1954</u> , to <u>Nov 18, 1954</u> , that I last saw the deceased alive on <u>Nov 18, 1954</u> , and that death occurred at <u>3:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R.H. Ritter, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>11-24-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 21, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nations Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Lloyd S. Morgan & Co.</u> ADDRESS <u>Advance</u>	
DATE REC'D BY LOCAL REG. <u>11-25-54</u>		REGISTRAR'S SIGNATURE <u>C. C. [Signature]</u> ADDRESS _____	

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.

Signed _____

William H. Morgan

Licensed Embalmer No. 7640

P. O. Address Adams, Mo.

Student _____
Student Embalmer

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.