

FILED MAR 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5554

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RALLS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEYERLING Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Big Creek Neighborhood</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>E.</u> c. (Last) <u>Hobbs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEBRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-31-1875</u>
9. AGE (In years last birthday) <u>79</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Withers Mill Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES Hobbs</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH EUBANKS</u>	
14. NAME OF SPOUSE OR WIFE <u>Martha A Hobbs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EMMA KENNEDY 1503 TURN ST. HANNIBAL</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prostatic obstruction</u> 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 <u>6/16 X</u>	
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 <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>3-16-54</u> , 19 <u>  </u> , to <u>2-17-55</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>2-17-55</u> , 19 <u>  </u> , and that death occurred at <u>8:15 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. M. Strong 189</u> (Degree of title)		23b. ADDRESS <u>0 MD. 01575, Hannibal</u>	
23c. DATE SIGNED <u>2-18-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BIG CREEK</u>		24d. LOCATION (City, town, or county) (State) <u>RENSALEAR Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-19-55</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. T. D. R. S. S. P. H. Hannibal Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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

RECEIVED FEB 28 1955  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 28 1955

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

*H. R. Saphus*

Licensed Embalmer No. 3420

P. O. Address 1631 Market Lane

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.