

Reg. #3955

STANDARD CERTIFICATE OF DEATH

State File No. 13456

SL #3116

FILED MAY 13 1955

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3643

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.	c. LENGTH OF STAY (in this place) 196 days	c. CITY OR TOWN Louisiana	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		STREET ADDRESS (If rural, give location) 500 Douglas Street	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) R. c. (Last) HOBKIRK			4. DATE OF DEATH April 20, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/9/18	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glove Cutter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Holdridge, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Hobkirk		13b. MOTHER'S MAIDEN NAME Lulle Martin		14. NAME OF HUSBAND OR WIFE Rebecca F. Hobkirk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW-2 499070865		17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNG WITH GENERALIZED CARCINOMATOSIS		INTERVAL BETWEEN ONSET AND DEATH Undetermined	
		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		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) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X	

22. I hereby certify that I attended the deceased from **10/6**, 19**54**, to **4/20**, 19**55**, and that death occurred at **3:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>J. T. Kaminski</i> J. T. Kaminski		(Degree or title) M.D.		23b. ADDRESS VA Hospital, St. Louis, Mo.		23c. DATE SIGNED 4/20/55
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	24b. DATE APRIL 23, 1955	24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.	24d. LOCATION (City, town, or county) (State) LOUISIANA, MISSOURI		
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DATE REC'D BY LOCAL REG. APR 25 1955	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Geo. M. Collier, Louisiana, Mo.</i>			
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(Licensed Embalmer's Statement on Reverse Side)

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 *Geo. M. Callier*.....

Licensed Embalmer No. *383*.....

P. O. Address *Louisiana*.....

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.