

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

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35645

STATE FILE NUMBER

9050

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in tb		b. COUNTY Pulaski	
3. NAME OF DECEASED (Type or print) First Olive Middle MNM Last Hobbs				4. DATE OF DEATH Month Day Year October 2, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 4, 1871	
9. AGE (In years last birthday) 85		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Waynesville, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Bland Ballard				14. MOTHER'S MAIDEN NAME Unavailable White			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Dr. John E. Hobbs, #1 St. Andrews Dr.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Arteriolar nephrosclerosis DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 1 mo. 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 446 x					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept. 18, 1956 to Oct. 2, 1956 and last saw her alive on Oct. 2, 1956 Death occurred at 8:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. P. Vermillion, M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 10/3/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-3-56		23c. NAME OF CEMETERY OR CREMATORY Bradford Cemetery		23d. LOCATION (City, town, or county) (State) Waynesville, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. OCT 3 1956		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

DEC 4 1857

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.....
John S. Service

Licensed Embalmer No. *415*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.