

Health, Welfare, Public Service
 300
 0-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1957

STATE FILE NUMBER **4422**
 Registration District No. **132** Primary Registration District No. **3021** Registrar's No. **205**

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Grundy				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Trenton TOWN Trenton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton 0402 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1801 MAIN			Length of stay in 1b 8yrs		d. STREET ADDRESS (If outside, give location) 1801 MAIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle H. Last Hobbs				4. DATE OF DEATH Month JAN. Day 19 Year 1957				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 20, 1876 80		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Harrison Co. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Hobbs				14. MOTHER'S MAIDEN NAME Susan Cox				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Lora Hobbs Address Trenton, MO				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH About 45 min.	
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.) 0					
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 Trenton, MO		COUNTY STATE		
21. I attended the deceased from Jan 19 - 57 to Jan 19 - 1957 and last saw her alive on Jan 19 - 1957 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE G. Haulers M.D. (Degree or title) 0				22b. ADDRESS Preston, MO.		22c. DATE SIGNED 1-21-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN 22, 1957	23c. NAME OF CEMETERY OR CREMATORY Resthaven Cem.		23d. LOCATION (City, town, or county) (State) Trenton, MO			
24. FUNERAL DIRECTOR J. Gordon Blackmore Address Trenton, MO			25. DATE RECD. BY LOCAL REG. 1-22-57		26. REGISTRAR'S SIGNATURE Gene Fair			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me; or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harold Roberts*

Licensed Embalmer No. *49*

P. O. Address *Trenton*

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.