

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12869
STATE FILE NUMBER

FILED MAY 3-1957

21435-57 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		c. CITY OR TOWN Dayton 834 ^D	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullers Hosp.		d. STREET ADDRESS (If outside, give location) _____	
3. NAME OF DECEASED (Type or print) First Nika Middle Lee Last Hobbs		4. DATE OF DEATH Month April Day 6 Year 57	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 5, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TREANT		10b. KIND OF BUSINESS OR INDUSTRY SEAFAR	
13. FATHER'S NAME Tommy W.K. Hobbs		14. MOTHER'S MAIDEN NAME Mildred C Holley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		17. INFORMANT Tommy Hobbs Address Dayton Ohio	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Hyperthermia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Edema Fatalis DUE TO (c) Rh Neg mother Abrupt. birth		INTERVAL BETWEEN ONSET AND DEATH 12 hours 15 hours	
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 checked="" 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.) _____	
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 4-5-57 to 4-6-57 and last saw her/him alive on 4-6-57 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. L. Claude M.D.		22b. ADDRESS Trenton, Mo	
		22c. DATE SIGNED 6-7-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/7/57	
23c. NAME OF CEMETERY OR CREMATORY I.O.F. Cem.		23d. LOCATION (City, town, or county) (State) Edinburg MO	
24. FUNERAL DIRECTOR J. Gordon Blackmore ADDRESS Trenton		25. DATE RECD. BY LOCAL REG. 4-7-57	
		26. REGISTRAR'S SIGNATURE Gene Fair	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Harold H. Roberts*.....

Licensed Embalmer No. *492*

P. O. Address *Leicester, Mass.*

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.