

FILED JUL 3 1957

STANDARD CERTIFICATE OF DEATH

20386

STATE FILE NUMBER

Registration District No. 68 Primary Registration District No. 5269 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McCracken Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Sparta, RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Length of stay in lb 11 Years		d. STREET ADDRESS (If outside, give location) 3. miles W. Sparta		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) ALEXANDER				First ALEXANDER Middle HOBBS Last HOBBS		4. DATE OF DEATH June 2, 1957		Month June Day 2 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 Feb. 19, 1882		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Fairfax, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Newberry Hobbs				14. MOTHER'S MAIDEN NAME Martha Cox					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 488243495		17. INFORMANT Mrs. Hazel VanSickle, Sparta, 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 Thrombosis, recurrent Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Decompensated heart disease - congestive heart failure								INTERVAL BETWEEN ONSET AND DEATH 1st 2-2 July 55 Just 1 June 57	
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 22 July 55 to 2 June 57 and last saw him him alive on 2 June 57 Death occurred at 11:55 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. D. Roger M. D.				22b. ADDRESS Ozark, Mo			22c. DATE SIGNED 4 June 57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/6/1957		23c. NAME OF CEMETERY OR CREMATORY Roberts Cemetery		23d. LOCATION (City, town, or county) Sparta, Missouri			
24. FUNERAL DIRECTOR Walter Harris			ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. June 29, 1957		26. REGISTRAR'S SIGNATURE Loretta Leonard		

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 *J. Alan Harris*

Licensed Embalmer No. *439*

P. O. Address *Cleveland, Ohio*

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