

FILED JUL 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
20601

Registration District No. 104 Primary Registration District No. 5418 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Rural-Cotton Hill Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR 0350 TOWN Malden		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rte. 2		Length of stay in lb 1 year		d. STREET ADDRESS Rte. 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DAVID Middle S. Last HOBBS				4. DATE OF DEATH Month June Day 26 Year 1957			
5. SEX Male <input checked="" type="checkbox"/>	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 Feb. 2, 1872		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 4 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
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. Unknown		17. INFORMANT Address Mrs. Corina Crawley, Malden, Mo. R.2			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Express							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis - Pulmonary edema - and senility							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
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 Malden, Missouri		COUNTY STATE 	
21. I attended the deceased from 8-17-55 , to 6-26-57 and last saw ^{her} / _{him} alive on Death occurred at 10:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. J. Schuman (Degree or title) md.				22b. ADDRESS Malden, Missouri		22c. DATE SIGNED 6-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 28, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery		23d. LOCATION (City, town, or county) (State) Clarkton, Mo. Rte. 1		
24. FUNERAL DIRECTOR ADDRESS Landess Funeral Home, Campbell, Mo.				25. DATE RECD. BY LOCAL REG. 7-5-57		26. REGISTRAR'S SIGNATURE J. D. Schuman	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

All diseases in Part I must be casually 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. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7-0

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-9-
COUNTY FILE NUMBER 752

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 *Christina M. Land*.....

Licensed Embalmer No. 42

P. O. Address *Camp*

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.