

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
28919Registration District No. 264 Primary Registration District No. 4394 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP and) OR TOWN <u>Bakersfield</u>		c. CITY OR TOWN <u>Bakersfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Jacob</u> Middle <u>Sobesta</u> Last <u>Sobesta</u>			4. DATE OF DEATH Month <u>8</u> Day <u>7</u> Year <u>57</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-17-1884</u>		9. AGE (In years last birthday) <u>73</u> MONTHS <u>7</u> DAYS <u>21</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Rockcastle Co Ky U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Alfred Sobests</u>	13b. MOTHER'S MAIDEN NAME <u>Elzie</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Sobests</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>592X</u>	17. INFORMANT <u>Rosa Sobests Bakersfield Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral apoplexy</u>	<u>1 wk</u>
	DUE TO (c) <u>Chronic glomerulonephritis</u>	<u>3 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>		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.)
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20c. TIME OF INJURY Hour <u>10</u> a.m. <u>10</u> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Bakersfield</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>Nov 17, 1956</u> to <u>Aug 7, 1957</u> and last saw him alive on <u>August 7, 1957</u> Death occurred at <u>8-7-57</u> <u>10 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>B A Storey</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Bakersfield Mo</u>	22c. DATE SIGNED <u>8-9-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>8-9-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Baptist Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Bakersfield Mo.</u>
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24. FUNERAL DIRECTOR <u>Sobests Mortuary Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8/24/57</u>	26. REGISTRAR'S SIGNATURE <u>Thas Mahan</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

A. J. Drago

Licensed Embalmer No.

4547

P. O. Address

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.