

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009198
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 48 Primary Registration District No. 5269 Registrar's No. 8

Health,
Welfare
Public
Service

100
57
20
1

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 Twsp.		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 12 years	d. STREET ADDRESS (If outside, give location) 3 miles West of Sparta		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MILLIE Middle MAE Last HOBBS			4. DATE OF DEATH Month March Day 13 Year 1958		
5. SEX Female	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 April 27, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (City and state or country) Lutie, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME H. Kelly Derrick		13b. MOTHER'S MAIDEN NAME Eliza Peacock		14. NAME OF HUSBAND OR WIFE Alexander Hobbs	
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. none		17. INFORMANT Address 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 Artery Disease, Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis - Known 5 yrs.		DUE TO (c) 4201	
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 10 a.m. 1942 Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY	STATE
21. I attended the deceased from 10 Dec 1942 to 13 Mar 58 and last saw her alive on 12 Mar 58 Death occurred at 12:55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. D. Roper M.D.			22b. ADDRESS Ozark, Mo.		22c. DATE SIGNED 18 Mar 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/16/1958	23c. NAME OF CEMETERY OR CREMATORY Roberts Cemetery		23d. LOCATION (City, town, or county) (State) Sparta, Missouri	
24. FUNERAL DIRECTOR J. Dean Harris			ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. March 14, 1958	26. REGISTRAR'S SIGNATURE Loretta Leonard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Sean Harris*

Licensed Embalmer No. *4390*
P. O. Address *Clever, Mo.*

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.