

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011762
STATE FILE NUMBER

FILED APR 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3380

300
-57
0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Collinsville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Bap. Hosp.		Length of stay in lb 21 days	d. STREET ADDRESS (If outside, give location) 530 Mary Ave.
3. NAME OF DECEASED (Type or print) First CLARENCE Middle LOWELL Last HOBBS		4. DATE OF DEATH Month Day Year Mar. 23, 1958	
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. 23, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY Medical Prof.	11. BIRTHPLACE (City and state or country) Elizabethtown, Ill.
13a. FATHER'S NAME Isaac Hobbs		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lucille Miller 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 Lucille Hobbs Collinsville
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gen'l arteriosclerosis DUE TO (c) 420.04 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of prostate			INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20g. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. CITY, TOWN, OR LOCATION	
21. I attended the deceased from Death occurred at 6:15 P.M.		21. I attended the deceased from Feb. 11, 1958 to present and last saw her alive on Mar. 23, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert M. Smith M.D.		22b. ADDRESS 114 N. Taylor	
22c. DATE SIGNED 3/24/58		22d. CITY, TOWN, OR LOCATION St. Louis, Mo.	
23a. DATE Mar. 26, 1958		23b. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23c. LOCATION (City, town, or county) St. Louis, Co., Mo.		23d. (State)	
24. FUNERAL DIRECTOR Paul E. Thoman		25. DATE RECD. BY LOCAL REG. MAR 24 '58	
26. REGISTRAR'S SIGNATURE J. Paul Smith M.D.		26. REGISTRAR'S SIGNATURE J.P.	

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 *Jewel S. Edwards*
Licensed Embalmer No. *3548*

P. O. Address *Gray, Ill*

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.