

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005153
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 255

5. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | | | |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene County | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Springfield 0376 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. | | Length of stay in 1b 3 days | d. STREET ADDRESS (If outside, give location) 1031 E Portland | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ida Malinda Hobbs | | | 4. DATE OF DEATH Month Day Year March 8, 1959 | | |
| 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 Dec. 26, 1872 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days 2 10 |
| 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) Belleville, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U S A. |
| 13a. FATHER'S NAME George Hittenhouse | | 13b. MOTHER'S MAIDEN NAME Josephine Forker | | 14. NAME OF HUSBAND OR WIFE James L. 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. no | 17. INFORMANT Address Mrs. J.S. Adams, Springfield, 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) Arteriosclerotic Heart Disease | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs |
| 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) 1) Diabetic Mellitus 2) Fractured Hip | | | | | 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. INJURY OCCURRED WHILE AT <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 4-3-50 , to 3-8-59 and last saw her ^{him} alive on 3-8-59 Death occurred at 3:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) J.P. Hanes M.D. | | | 22b. ADDRESS Springfield, Mo | | 22c. DATE SIGNED 3/9/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE March 8, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem. | | 23d. LOCATION (City, town, or county) (State) Monett, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS J.B. Surridge Marionville, Mo. | | | 25. DATE RECD. BY LOCAL REG. 3-9-59 | | 26. REGISTRAR'S SIGNATURE Effie S. Melton |

MAR 30 1959

MS SEP 16 1959

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 *William A. Fulkes*

Licensed Embalmer No. *4658*

P. O. Address *Marionville*

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.