

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015119

STATE FILE NUMBER

2734

FILED MAY 1 1959

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Maden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Portageville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) McArthur St.
3. NAME OF DECEASED (Type or print) First Middle Last LINZA W. HOBBS			4. DATE OF DEATH Month Day Year MARCH 16, 1959
5. SEX Male <input checked="" type="checkbox"/>	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 Nov. 2, 1910
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) 0 Portageville, Mo.
13a. FATHER'S NAME George Hobbs		13b. MOTHER'S MAIDEN NAME Daisy Burgess	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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	14. NAME OF HUSBAND OR WIFE Bess Hobbs
17. INFORMANT Bess Hobbs		Address Portageville, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA OF LEFT LUNG WITH METASTASES			INTERVAL BETWEEN ONSET AND DEATH 17 MONTHS
Conditions, if any, which gave rise to above cause (a), steering the underlying cause last. DUE TO (b) DUE TO (c) 162.1			
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 checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> NOT WHILE 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 FEB. 19, 1959 to MARCH 16, 1959 and last saw her alive on MARCH 16, 1959 Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. C. Vermillion, M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 3/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-17-59	23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery	23d. LOCATION (City, town, or county) (State) Portageville, Mo.
24. FUNERAL DIRECTOR J. J. Kassly		ADDRESS E. St. Louis, Illinois	25. DATE RECD. BY LOCAL REG. MAR 17 '59
			26. REGISTRAR'S SIGNATURE Road Smith, M.D.

(Licensed Embelmer's Statement on Reverse Side)

20 26

Health,
Welfare
Public
Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with one this.

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 Mr. Embalmed....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John G. Kasey III.....

Licensed Embalmer No. 9912.....

P. O. Address Belleville,

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.