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 FILED VS SEP 2 1959  
 REGISTRATION DISTRICT NO. 107 Primary Registration District No. 3019 REGISTRAR'S NO. 159

59-028608

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Length of stay in 1b <b>3 days</b>	c. CITY OR TOWN <b>Holcomb</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D. C. Mem. Hosp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural-Holc. Twp.</b>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>LEWIS</b> Middle <b>RAYMOND</b> Last <b>HOBBES</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>12</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 5, 1897</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Stoddard County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>J. C. Hobbs</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Shelton</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Hobbs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b> (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Martha Hobbs, Holcomb, Mo. Rte. 1</b> Address _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Massive Myocardial Infarction</b>	
DUE TO (b)	<b>Coronary Arteriosclerosis</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMER? 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 _____ a.m. _____ p.m.	Month, Day, Year _____	

20d. INJURY OCCURRED WHILE AT WORK <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 <b>Kennett Mo</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>8-10-59</b> , to <b>8-12-59</b> and last saw <sup>her</sup> him alive on <b>8-12-59</b> Death occurred at <b>6:15 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>Les Pearson M.D.</b> (Degree or title)	22b. ADDRESS <b>Kennett Mo</b>	22c. DATE SIGNED <b>8-25-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 14, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Loyd Cemetery</b>
23d. LOCATION (City, town, or county) <b>Holcomb, Missouri, Rte. 1</b>		(State) _____

24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-26-1959</b>	26. REGISTRAR'S SIGNATURE <b>Earl Husband</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Christina M. Land

Licensed Embalmer No. 422

P. O. Address Campbell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.