

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

59-030060

STATE FILE NUMBER

FILED VS SEP 1 1959

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 102

V. S. 300  
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Pulaski Co</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Richland, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 mi east of Richland, Mo</b>		Length of stay in lb <b>30 min.</b>	d. STREET ADDRESS (If outside, give location) <b>Rural Rt. # 3.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Oda</b> Middle <b>Ellis.</b> Last <b>Hobbs.</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>19,</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>Sept. 5, 1899</b>	9. AGE (In years birthday) <b>59</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer.</b>	11. BIRTHPLACE (City and state or country) <b>Richland, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George W. Hobbs.</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah L. Jones.</b>		14. NAME OF HUSBAND OR WIFE <b>Audrey Edna Hobbs.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No known) (If yes, give year or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>487-18-1811</b>	17. INFORMANT Address <b>Mrs. Audrey E. Hobbs Richland, Mo. R.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Hypertension</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) _____					INTERVAL BETWEEN ONSET AND DEATH <b>instant</b> years _____
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.) <b>4.251</b>			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 _____ to _____ and last saw her alive on _____ Death occurred at <b>3:45</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>County Coroner. 3</b>			22b. ADDRESS <b>Richland, Missouri</b>		22c. DATE SIGNED <b>8/20/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/22/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>Richland, Missouri</b>
24. FUNERAL PREPARETOR ADDRESS <b>Hedges Funeral Home Richland, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>8-22-59</b>		26. REGISTRAR'S SIGNATURE <b>Paula Jean Anderson</b>

\*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

OCT 2 1959

OCT 6 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  .....  
Clarence E Moss

Licensed Embalmer No. 4896  
P. O. Address Waynesville, 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.