

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

FILED VS DEC 21 1959

STANDARD CERTIFICATE OF DEATH

'59 043992  
STATE FILE NUMBER

Registration District No. 32 Primary Registration District No. 7 Registrar's No. 213

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson Twp.</u> Length of stay in 1b <u>47 years.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u> c. CITY OR TOWN <u>Trenton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route 4</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <u>Alva</u> Middle <u>O.</u> Last <u>Hobbs</u>			<b>4. DATE OF DEATH</b> Month <u>Dec</u> Day <u>6</u> Year <u>1959</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>7E6 22, 1904</u>	<b>9. AGE</b> (last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Agriculture</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Livingston Co. Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Joseph E. Hobbs</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Maude Mason</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Florence Elledge Hobbs.</u>			

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>496-42-1242</u>	<b>17. INFORMANT</b> <u>Florence Hobbs</u> Address <u>Route 4 Trenton, Mo.</u>	
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)		<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY _____ STATE _____
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21. I attended the deceased from Nov 1 - 59 to Dec 5 - 59 and last saw him alive on Dec 8 - 59  
 Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>W. B. Bailey W.O. Jeweport, Mo.</u>	<b>22b. ADDRESS</b>	<b>22c. DATE SIGNED</b> <u>12-12-59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>23b. DATE</b> <u>Dec 9, 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Shelburn Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Jefferson Twp Trenton, Mo.</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Gordon Blackmer Trenton, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-18-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Jene Jaw</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 R 5 3 1967

**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

*Jordan Blackman*

Licensed Embalmer No. 4602

P. O. Address Trenton, ma.

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.