

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JUN 20 1960

60-022855

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 617 B STATE FILE NUMBER

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>                |  | Length of stay in 1b <u>30 days</u>   | c. CITY OR TOWN <u>Walnut Grove</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Hospital</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>JOHN</u> Middle <u>FRANK</u> Last <u>HOBBS</u> |  |  | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>27</u> Year <u>1960</u> |  |
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|                    |                               |  |                                     |                                  |   |  |
|--------------------|-------------------------------|--|-------------------------------------|----------------------------------|---|--|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>DEC 21-1876</u> | 9. AGE (last birthday) <u>83</u> | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HR<br>Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER &amp; STOCKMAN</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Walnut Grove - Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John J. Hobbs</u> | 13b. MOTHER'S MAIDEN NAME <u>Marta Musick</u> | 14. NAME OF HUSBAND OR WIFE <u>Nora Hobbs</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>500-05-4006</u> | 17. INFORMANT Address <u>Coy Hobbs - Walnut Grove - Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerosis generalizoid</u> |  | INTERVAL BETWEEN ONSET AND DEATH |
| CoConditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>—</u>   |  |                                  |
| DUE TO (c) <u>—</u>  |  |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Fractured ribs &amp; Mult. Contusions</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.)<br><u>Auto accident some time p.m.</u> |
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| 20c. TIME OF INJURY<br>Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u><br>Month, Day, Year <u>—</u> | 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.) <u>—</u> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from <u>Feb 12, 1960</u> to <u>27 May 60</u> and last saw <sup>her</sup> him alive on <u>27 May 1960</u><br>Death occurred at <u>12:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title)<br><u>Stanley J. Peterson MD</u> | 22b. ADDRESS <u>Springfield, Mo</u> | 22c. DATE SIGNED <u>13 June 60</u> |
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| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE <u>5-22-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Walnut Grove - Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><u>Brown - Daniel - Walnut Grove - Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>6-14-60</u> | 26. REGISTRAR'S SIGNATURE<br><u>Effie S. Meltzer</u> |
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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 Boyle H. Samuel  
420

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Osah Jones

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