

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027971

FILED VS JUL 21 1960

STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

ENDED

1. PLACE OF DEATH a. COUNTY <u>REYNOLDS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>REYNOLDS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEAR PIEDMONT</u>		Length of stay in lb <u>8YR.</u>	c. CITY OR TOWN <u>NEAR PIEDMONT</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NEAR BLUFF VIEW</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARSHA</u> Middle <u>HOBGARD</u> Last <u>HOBGARD</u>			4. DATE OF DEATH Month <u>July</u> Day <u>13<sup>th</sup></u> Year <u>1960</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-27-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	9. AGE (last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u> Hours <u></u> Min. <u></u>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	11. BIRTHPLACE (City and state or country) <u>EDINA MO.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE <u>GRADY HOBGARD</u>	
IMMEDIATE CAUSE (a) <u>Cerebral accident</u>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) <u>Hypertension</u>			
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	
19. WAS AUTOPSY PERFORMED? 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.) <u>none</u>	
20c. TIME OF INJURY Hour <u>none</u> 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.) <u>none</u>		20f. CITY, TOWN, OR LOCATION	20g. COUNTY STATE
21. I attended the deceased from <u>4-7-60</u> to <u>9-13-60</u> and last saw her alive on <u>4-7-60</u> Death occurred at <u>about 2 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Sur W Lobb DC</u>		22b. ADDRESS <u>Piedmont Mo</u>	22c. DATE SIGNED <u>7-15-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/16/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>PIEDMONT Mo.</u>
24. FUNERAL DIRECTOR <u>GISH</u>	ADDRESS <u>PIEDMONT Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-21-60</u>	26. REGISTRAR'S SIGNATURE <u>Hurstardwita</u>

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 Me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Marvin E. Boulton

Licensed Embalmer No. 4426

P. O. Address Redmond

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.