

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028023

FILED VS AUG 3 1960

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 296

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>St Francois County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington, Mo</u>		Length of stay in 1b <u>4 wks</u>	c. CITY OR TOWN <u>Doerun, Mo</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>Whiteway Nursing Home</u>			d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>Ander</u> Last <u>Hobuchon</u>			4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3/11/1875</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARE OF HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S</u>
13a. FATHER'S NAME <u>Adam Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Janie Ketcherside</u>		14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT <u>neighbor</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension &amp; arteriosclerosis</u>					<u>unknown</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 checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	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 COUNTY STATE			
21. I attended the deceased from <u>July 20, 1960</u> to <u>July 23, 1960</u> last saw <sup>him</sup> alive on <u>July 24, 1960</u> Death occurred at <u>3:50 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Lucretia Field</u> (Degree or title)			22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>7/25/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7/25/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pendleton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Doerun Mo</u>	
24. FUNERAL DIRECTOR <u>Alvin W. Hood; Flat River, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>July 25, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

312  
AUG 4 1960

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

*Calvin Wood*

Licensed Embalmer No. 2780

P. O. Address Flat River, I

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.