

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019295

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 100

FILED JUN 4 1962

VS 300  
Rev. 4/59

~~1496~~  
24150

3

4 0

5 1

6

7 1

8 2

9 X

10

11 049

12 71-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Twin Groves Twshp</b>		Length of stay in 1b <b>Instant</b>	c. CITY OR TOWN <b>Cherryvale</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Highways # 96 &amp; 171</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>119 Whalen St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Henry</b> Last <b>Hobson</b>		4. DATE OF DEATH Month <b>May</b> Day <b>31</b> Year <b>1962</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>5-13-1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Continental Car Co. Employee</b>		9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>18</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Liberty, Kansas</b>		11. BIRTHPLACE (City and state or country) <b>USA</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>18</b>
13a. FATHER'S NAME <b>Lawrence Hobson</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Van Buren</b>	
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) <b>no</b>	
17. INFORMANT <b>6 Mrs. Lowell Long</b>		Address # <b>4 Coffeyville, Kans.</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>Skull fracture</b>			INTERVAL BETWEEN ONSET AND DEATH <b>inst.</b>
DUE TO (b) <b>Car accident.</b>			
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 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.) <b>The car driven by Hobson was traveling east on highway 96 and failed to stop at the junction. He collided with a northbound truck driven by Gary Ronald Emrick of Garland, Kansas.</b>	
20c. TIME OF INJURY Hour <b>8:15</b> a.m. <b>5-31-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 96</b>	20f. CITY, TOWN, OR LOCATION <b>Junction of highways 171 and 96 two miles north of Jasper</b> COUNTY <b>MO.</b> STATE <b>MO.</b>
21. I attended the deceased from <b>8:15 A</b> to <b>Carl Junction</b> her last seen alive on <b>MO.</b> Death occurred at <b>8:15 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Herndell John D.D.S. CORONER</b>		22b. ADDRESS <b>508-FRISCO BLDG JOPLIN, MO</b>	22c. DATE SIGNED <b>5-31-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-1-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Coffeyville, Kansas</b>
24. FUNERAL DIRECTOR <b>Roney Funeral Service Carl Jct. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-1-62</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>

JUN 26 1962  
JUL 6 1962  
JUL 10 1962  
AUG 17 1962

**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 Rayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.