

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042366

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 274

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WindsorLength of stay in lb
7 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Windsor HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Johnson

c. CITY OR TOWN Kingsville

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Kingsville MoReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First RUTH

Middle E

Last HOBBS

4. DATE OF DEATH

Month NOV

Day 11

Year 1962

5. SEX

FEMALE

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-23-1884

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Quinn Home

11. BIRTHPLACE (City and state or country)

Johnson Co Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dorango Talley

13b. MOTHER'S MAIDEN NAME

Medora Hill

14. NAME OF HUSBAND OR WIFE

Edward Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT
Address Russell Hobbs, Holden Mo18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Nil

Conditions, if any, which gave rise to above cause (b) stating the underlying cause last.

Hypertensive & Coronary Heart Disease

DUE TO (b)

Acute Generalized Peritonitis from Ruptured Spleen

DUE TO (c)

Ruptured Spleen

3-4 yrs

9 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease Condition given in PART I (a)

Uremia - Moderately Severe

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3-28-61 to 11-11-62 and last saw her alive on 11-11-62

Death occurred at 11:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do not write in ink)

Claude M. Thurber, M.D.

22b. ADDRESS

Windsor, Mo

22c. DATE SIGNED

11/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Nov 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

Ruff Springs Cem

23d. LOCATION (City, town, or county)

Kingsville Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Canada & Hopp Holden Mo

25. DATE RECD. BY LOCAL REG.

Nov 17, 1962

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300

Rev. 4/59

8421

20510

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

NOV 21 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

M J Canaday

Licensed Embalmer No.

3434

P. O. Address

Holden 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.