MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029062
STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. ~~5656~~ 4279 Registrar's No. 11

FILED AUG 5 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0550
2	0550
3	2
4	1
5	2
6	
7	0
8	2
9	4500
10	
11	
12	90-0
13	2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hahltown — Length of stay in 1b: years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Hahltown — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Orah Middle: Montella Last: Hobbs

4. DATE OF DEATH: Month 7 Day 19 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-7-1871
9. AGE (last birthday): 92 — IF UNDER 1 YEAR: Months 4 Days 8 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Billo Lallier
13b. MOTHER'S MAIDEN NAME: Sarah Le Bow
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of: none
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Mildred Heagerty Address: Hahltown Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive circulatory failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Decompensated heart	
DUE TO (c)	Arteriosclerosis	

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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. 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 November 5, 1962 to July 2, 1963 and last saw her alive on July 2, 1963
Death occurred at 2 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. S. Burns M. D.
22b. ADDRESS: Miller Mo
22c. DATE SIGNED: 7-26-1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-22-1963
23c. NAME OF CEMETERY ~~OR CREMATORY~~: ~~[illegible]~~ Langston
23d. LOCATION (City, town, or county): S.W. of Miller (State) Mo

24. FUNERAL DIRECTOR: Morris-Leiman ADDRESS: Miller Mo.
25. DATE RECD BY LOCAL REG.: 7-23-1963
26. REGISTRAR'S SIGNATURE: W. S. Burns M. D.

(Licensed Embalmer's Statement on Reverse Side)

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 E. R. Lemon

Licensed Embalmer No. 3297

P. O. Address Miller 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.