

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001419

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrer's No. 8

FILED JAN 18 1966

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ  
BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clihton</b>			Length of stay in 1b <b>4 years</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clinton General Hosp.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <b>220 S. 4th Street</b>		
3. NAME OF DECEASED (Type or print) <b>RICHARD ELMER HOBSON</b>			4. DATE OF DEATH Month <b>January</b> Day <b>9</b> Year <b>1966</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>May 17, 86</b>		9. AGE (last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
11. BIRTHPLACE (City and state or country) <b>Bedford Co., Va.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Richard Nelson Hobson</b>	
13b. MOTHER'S MAIDEN NAME <b>Frances G. Welch</b>		14. NAME OF HUSBAND OR WIFE <b>Jessie May Hobson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>495-40-4619</b>		17. INFORMANT <b>Jessie May Hobson, Clinton, Missouri</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>Organic Brain Syndrome</b> DUE TO (b) <b>Arteriosclerosis; General</b> DUE TO (c) <b>3 weeks</b> <b>6 mos.</b>	
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.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		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	
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 <b>Clinton, Mo.</b> COUNTY <b>Clinton</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>1-16-59</b> to <b>1-9-66</b> and last saw him alive on <b>1-9-66</b> Death occurred at <b>615 1/2</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John Bradshaw, M.D.</i>		(Degree or title) <i>Clinton, Mo.</i>		22b. ADDRESS <i>Clinton, Mo.</i> 1-10-66	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan 11, 1966</b>		23c. NAME OF CEMETERY OR CREMATORIAL <b>Englewood</b>	
24. FUNERAL DIRECTOR <b>Consalus</b>		ADDRESS <b>Clinton, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>JAN. 10, 66</b>	
26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>					

(Licensed Embalmer's Statement on Reverse Side)

