

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1072

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>13:7</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo.</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater Mo. R.F.D. 2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>King</u> c. (Last) <u>Hobbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5-1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 4-1864</u>		9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR <u>5</u> Days	11. UNDER 24 HRS. <u>1</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Henry B. Hobbs</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Coble</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Hobbs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Hobbs</u> ADDRESS <u>Deepwater Mo. RR</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420!</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>2 years.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 2, 1949</u> , to <u>Jan 4, 1949</u> , that I last saw the deceased alive on <u>Jan 2, 1949</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. R. S. Hollingsworth M.D.</u>				23b. ADDRESS <u>Clinton Missouri</u>		23c. DATE SIGNED <u>1/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brownington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-8-49</u>		REGISTRAR'S SIGNATURE <u>R R Kenney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jam Hurst</u> ADDRESS <u>Deepwater Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7;
District File Number 12-48-1563
Date Filed 1-10-49

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.

Signed.....
Student Embalmer

Signed Tam Hunt
Licensed Embalmer No. 2782
P. O. Address Dequater 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 this body is not embalmed, fact should be so stated above.