

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16204**

FILED JUN 9 1952 REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **6**

122
0

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

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give town) CLINTON		c. CITY (If outside corporate limits, write RURAL and give township) Deepwater 1420	
c. LENGTH OF STAY (In this place) 3 HOURS		d. STREET ADDRESS (If rural, give location) WETZEL	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) ALFRED	c. (Last) HOBBS	4. DATE OF DEATH (Month) (Day) (Year) June 2 - 52
-------------------------------------	--------------------------	---------------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 17 - 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 15	IF UNDER 2 HRS. Days 15	IF UNDER 1 MIN. Hours 15
--------------------	-------------------------------	---	---------------------------------------	---	----------------------------------	--------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor	10b. KIND OF BUSINESS OR INDUSTRY Retail Ice Business	11. BIRTH PLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	--

13a. FATHER'S NAME John Hobbs	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hallie 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. No.	17. INFORMANT'S SIGNATURE OR NAME Hallie Hobbs, Deepwater, Mo.	ADDRESS Deepwater, Mo.
--	------------------------------------	---	-------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet wound in head		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Causing Fractured skull Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. causing Cerebral Hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E976X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Deepwater Henry Mo.
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 2, 1952 12:45 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **June 2, 1952** to **June 2, 1952**, that I last saw the deceased alive on **June 2, 1952**, and that death occurred on **June 2, 1952** at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert H. Hasbell (Degree or title) 2	23b. ADDRESS Mo. Clinton, Mo.	23c. DATE SIGNED 6-3-52
--	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 5 - 52	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Mo.
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. June 5 - 52	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE Tom Nurek	ADDRESS Deepwater Mo.
---	---	---	------------------------------

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
Student Embalmer

Signed *Tom Hunt*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater 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.