

STANDARD CERTIFICATE OF DEATH

30501

State File No.

FILED SEP 28 1951

BIRTH NO.

REG. DIST. NO. 146

PRIMARY REG. DIST. NO. 3026

Registrar's No. 347

1. PLACE OF DEATH

a. COUNTY

Jackson county

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence

c. LENGTH OF STAY (in this place) 1 week

d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium

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

a. STATE

Missouri

b. COUNTY

Johnson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp., 0510

d. STREET ADDRESS (If rural, give location) R.F.D. Holden, Missouri 7

3. NAME OF DECEASED

a. (First)

Linda

b. (Middle)

Lee

c. (Last)

Hobbs

4. DATE OF DEATH (Month) (Day) (Year) Sept 16, 1951.

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child 1

8. DATE OF BIRTH

April 23, 1945

9. AGE (In years if under 1 year last birthday) (Months) (Days) (Hours) (Mins.) 6 4 23

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

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Holden, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME

Virgil Lee Hobbs

13b. MOTHER'S MAIDEN NAME

Ruth M. Burke

14. NAME OF HUSBAND OR WIFE

XXXX

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

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil Lee Hobbs, Holden, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Collapse

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) nephrosis

DUE TO (c) Pericardial Effusion

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 12 hours

2 weeks

10 days

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

591X

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Sept 10, 1951, to Sept 16, 1951, that I last saw the deceased alive on Sept 15, 1951, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Reynour Hanson MD:U

23b. ADDRESS 121050. Ash, Independence, Mo.

23c. DATE SIGNED 9/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 1

24b. DATE 9/20/51

24c. NAME OF CEMETERY OR CREMATORY B.T.D.S. Cemetery

24d. LOCATION (City, town, or county) (State) Holden, Missouri

DATE REC'D BY LOCAL REG. Sept. 20-1951

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri

SEP 27 REC'D

APR 7 1934

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed M. L. Canaday

Signed.....
Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Halden Miss

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.