

FILED DEC 24 1952

# STANDARD CERTIFICATE OF DEATH

44214

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 291

1. PLACE OF DEATH  
 a. COUNTY Scott  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston  
 c. LENGTH OF STAY (in this place) 32 1/2 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Delta Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Scott  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 1003  
 d. STREET ADDRESS (If rural, give location) 205 Northwest Street

3. NAME OF DECEASED  
 a. (First) Arch b. (Middle) .0 c. (Last) Hobbs

4. DATE OF DEATH (Month) (Day) (Year)  
12-8-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH  
12-15-1870

9. AGE (In years last birthday) 87  
 IF UNDER 1 YEAR Months \_\_\_\_\_ DAYS \_\_\_\_\_  
 IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

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

10b. KIND OF BUSINESS OR INDUSTRY  
Retired

11. BIRTHPLACE (State or foreign country)  
Harding Co., Illinois

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Allen Hobbs

13b. MOTHER'S MAIDEN NAME  
Jane ?

14. NAME OF HUSBAND OR WIFE  
Minnie Hahn

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

16. SOCIAL SECURITY NO.  
 ?

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Minnie Hobbs - City

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.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Burns, third degree, thighs, leg, feet, bilat.  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Burns, second & third degree, hands, bilat.  
 DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
E 9160 16

INTERVAL BETWEEN ONSET AND DEATH  
1 mo. 2 das.

19a. DATE OF OPERATION  
Dec 3, 1952

19b. MAJOR FINDINGS OF OPERATION  
Debridement of burns. 141

20. AUTOPSY?  
 YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Sikeston Scott Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  
12-6-52

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

21f. HOW DID INJURY OCCUR?  
Clothes on fire from burning leaves.

22. I hereby certify that I attended the deceased from 12-6, 1952, to 12-8, 1952, that I last saw the deceased alive on 12-8, 1952, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Wilson J. Briggman, M.D.

23b. ADDRESS  
Sikeston, Mo.

23c. DATE SIGNED  
Dec 9, 1952

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

24b. DATE  
Dec. 10, 1952

24c. NAME OF CEMETERY OR CREMATORY  
Memorial Park Cemetery

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

DATE REC'D BY LOCAL REG.  
12-18-52

REGISTRAR'S SIGNATURE  
Mrs. Ella Hunter 429

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Quilla Taylor Sikeston

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

503  
0

RECEIVED DEC 22 1952  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1252-337

**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

*J. E. M. M. M. M.*

Signed.....  
Student Embalmer.

Licensed Embalmer No. 4695

P. O. Address E. Prairie, 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.