THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010563

STATE FILE NUMBER

FILED APR 15 1958 Registration District No. 176 Primary Registration District No. 4028 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Miller Lincoln — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence — Length of stay in 1b: Native

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Miller 055 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: Last: Hobbs

4. DATE OF DEATH: Month 4 Day 4 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: 1-15-1864
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months 12 Days 20 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): N. Missouri O
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hobbs
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 490-30-3608
17. INFORMANT: Juanita Merrick Address: Miller Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): of heart
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4214

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): O
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 1 to April and last saw ~~them~~ him alive on April 6 58
Death occurred at 3 15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. S. Burney (Degree or title) M.D.
22b. ADDRESS: Miller
22c. DATE SIGNED: 4-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-7-1958
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
23d. LOCATION (City, town, or county) (State): South of Miller Mo.

24. FUNERAL DIRECTOR: L. R. Lemon ADDRESS: Miller Mo.
25. DATE RECD. BY LOCAL REG.: 4-11-58
26. REGISTRAR'S SIGNATURE: W. S. Burney

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

ealth, Welfare ublic ervice

300 1-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. R. Leeman

Licensed Embalmer No. 32

P. O. Address Millen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.