

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031641

FILED VS SEP 6 1960 290

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 117 STATE FILE NUMBER

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Puaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville | Length of stay in lb 11 days | c. CITY OR TOWN Mtn. Grove | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville General Hosp. | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 1/2 Mile east | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|--|------------------------------|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First George Middle Lgbert Last Lobbs | | | 4. DATE OF DEATH Month July Day 28 Year 1960 | | | |
| 5. SEX Male | 6. COLOR OR RACE Cau. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-10-1889 | 9. AGE (last birthday) 71 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY General Merch. | 11. BIRTHPLACE (City and state or country) Para (Lougus) Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME James P. Lobbs | | 13b. MOTHER'S MAIDEN NAME Margaret Hicks | | 14. NAME OF HUSBAND OR WIFE Susan B. Lobbs | | |
| 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. 497-40-9110 | 17. INFORMANT Susan Lobbs Mtn. Grove, Missouri R#1 Address | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE, GASTRIC, SEVERE | | INTERVAL BETWEEN ONSET AND DEATH 3 DAYS. |
| DUE TO (b) CARCINOMA, GASTRIC. | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | |

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|---|--|--|--------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION RICHLAND, MO. | COUNTY _____ STATE _____ |
| 21. I attended the deceased from JULY 27-1960 to JULY 28-1960 and last saw ^{her} him alive on JULY 28-1960 . Death occurred at 1:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE [Signature] (Degree or title) M.D. | | 22b. ADDRESS RICHLAND, MO. | 22c. DATE SIGNED 8-5-60. |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7-31-1960 | 23c. NAME OF CEMETERY OR CREMATORY Sweeten Pond Cemetery | 23d. LOCATION (City, town, or county) (State) Dora, Missouri |
| 24. FUNERAL DIRECTOR Ewell C. Craig ADDRESS Mtn. Grove, Missouri | 25. DATE RECD. BY LOCAL REG. 8-15-60 | 26. REGISTRAR'S SIGNATURE [Signature] | |

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest C. Cra

Licensed Embalmer No. 476

P. O. Address Mt. S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.