

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1242-A STATE FILE NUMBER **63-031941**

DO NOT WRITE ON THIS STUB AMENDED

VS 300
Rev. 4/59

1 0397
2 1070

3

4 0

5 0

6

7 0

8 1

9492X

10

11

12 4-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield,</u>		c. CITY OR TOWN <u>Cabool</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Terry DeWayne Hobbs</u>		4. DATE OF DEATH Month Day Year <u>Sept. 2 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-4-1961</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Cabool Missouri</u>
13a. FATHER'S NAME <u>Don R. Hobbs</u>		13b. MOTHER'S MAIDEN NAME <u>Frances M. Briggs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT Address <u>Don R. Hobbs Cabool Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral anoxia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
DUE TO (b) <u>Pneumonitis, Lt. Lung</u>			<u>12 hrs</u>
DUE TO (c) <u></u>			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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	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		COUNTY STATE
21. I attended the deceased from <u>Sept 2 1963</u> to <u>Sept 2 1963</u> and last saw <u>him</u> live on <u>Sept 2 1963</u> . Death occurred at <u>10:30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Don Overend M.D.</u>		22b. ADDRESS <u>Springfield, Mo</u>	22c. DATE SIGNED <u>9-6-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 5, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cabool Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Elliott-Gentry Cabool, Missouri</u>	25. DATE READ BY LOCAL REG. <u>9-10-63</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Medley</u>	

USE BLACK INK OR TYPEWRITER RIBBON

9/3/63

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 Robert H. Bates III Student Embalmer No. 673

working under my personal supervision.
Student Robert H. Bates III
Signature of Student Embalmer

Signed Gene M. Abbott

Licensed Embalmer No. 5115
P. O. Address Springfield 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.