

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40812**

FILED DEC 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **57**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau CITY</b>		c. LENGTH OF STAY (in this place) <b>1 month</b>	c. CITY OR TOWN <b>Rural Randol Twp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church of God Nursing Home</b>			e. STREET ADDRESS (If rural, give location) <b>Cape Girardeau R. R. 1</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>ISAAC</b> b. (Middle) <b>H.</b> c. (Last) <b>HOBBES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 21, 1956</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 18, 1878</b>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <b>78 7 3</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Joseph Hobbs</b>	13b. MOTHER'S MAIDEN NAME <b>Francis Brooks</b>	14. NAME OF HUSBAND OR WIFE <b>Esther S. Hobbs</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Esther S. Hobbs</b> ADDRESS <b>R. 1 Cape Gir., Mo.</b>
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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) <b>Paralysis Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>350X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **October 23, 1956 to Dec 21, 1956**, that I last saw the deceased alive on **Dec 19, 1956**, and that death occurred at **4:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John Crowl</b> (Degree or title)	23b. ADDRESS <b>Mo Cape Girardeau Mo</b>	23c. DATE SIGNED <b>Dec 21, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 23, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hobbs Chapel Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Gir., County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-22-56</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walters Funeral Home</b> ADDRESS <b>Cape Gir., Mo.</b>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Virgil H. Welch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.