

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1958

58
1958

224

Primary Registration District No.

3046

2067

STATE FILE NUMBER

Registrar's No. 18

1. PLACE OF DEATH a. COUNTY MONTEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monteaur			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR CALIFORNIA TOWN CALIFORNIA				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN California 2681	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. Owen				Length of stay in lb 2 mo.		d. STREET ADDRESS (If outside, give location) mill st -	
3. NAME OF DECEASED (Type or print) First IDA Middle HOBRECHT Last HOBRECHT				4. DATE OF DEATH Month Jan Day 23 Year 1958			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 27, 1869 88	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 3 Days 16 Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) California Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Frank Hobrecht				14. MOTHER'S MAIDEN NAME Elizabeth Schaffer			
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. None		17. INFORMANT A. E. Wilson California Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arterio-sclerosis DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 2 weeks 10 years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X							
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. 							
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 July 6, 1957 to Jan 23, 1958 and last saw her him alive on Jan 21, 1958 Death occurred at 6 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Kenneth Latham M.D.				22b. ADDRESS California, Mo.		22c. DATE SIGNED 1-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 1-25-1958		23c. NAME OF CEMETERY OR CREMATORY Bunker Corn		23d. LOCATION (City, town, or county) (State) California Mo.	
24. FUNERAL DIRECTOR A. E. Wilson		ADDRESS Calif. Mo.		25. DATE RECD. BY LOCAL REG. Jan 25-1958		26. REGISTRAR'S SIGNATURE Nolan L. Popejoy	

(Licensed Embalmer's Statement on Reverse Side)

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 A. E. Wilson

Licensed Embalmer No. 23

P. O. Address California

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.