

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0006265

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 63

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 14 1966

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Windsor, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 E. Washington St.		d. STREET ADDRESS (If outside, give location) 201 E. Washington St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LELAND THORNTON HOBACK		4. DATE OF DEATH Month Day Year February 28, 1966	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/3/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Supt.		10b. KIND OF BUSINESS OR INDUSTRY Education	11. BIRTHPLACE (City and state or country) Jamesport, Mo.
13a. FATHER'S NAME S.C. Hoback		13b. MOTHER'S MAIDEN NAME Minnie Lacy Howard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. 496-32-2886	
17. INFORMANT Mrs. Clara Hoback, Windsor, Mo.		14. NAME OF HUSBAND OR WIFE Clara Shaw	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY IMMEDIATE CAUSE (a) <i>Acute Cardio Vascular Collapse</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>and Coronary Thrombosis</i> DUE TO (b) <i>Coronary + Hypertensive Heart Disease</i> DUE TO (c) <i>2-3 min.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>2 mo.</i> PART III. If deceased was female was there a pregnancy in last 90 days. <i>3-4 yrs.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
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.	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 7-11-66 and last saw him alive on 2-28-66		Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Claude M. Thuermer, M.D.		22b. ADDRESS Windsor, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/2/66	
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) California, Mo.	
24. FUNERAL DIRECTOR Huston Funeral Home, Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 3-7-66	
26. REGISTRAR'S SIGNATURE Mildred Biguns			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Jamesport, Missouri

Jamesport, Missouri

DOCUMENT BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

11

VS 300
Rev. 4/59

DATE AMENDED

5-12-67

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MAY 12 1966

MAR 15 1966

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge, 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.