

FEDERAL BUREAU OF INVESTIGATION  
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033110

FILED VS. OCT 15 1959

ENDED

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>California</b>		c. CITY OR TOWN <b>Jamestown</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Latham Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>No Street (Inside City)</b>	
3. NAME OF DECEASED (Type or print) First <b>SANFORD</b> Middle <b>CRUM</b> Last <b>HOBACK</b>		4. DATE OF DEATH <b>October 4, 1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/24/1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Telephone Op.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Jamestown Telephone Exchange</b>	
11. BIRTHPLACE (City and state or country) <b>Miami, Saline Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James Hoback</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Longan</b>	
14. NAME OF HUSBAND OR WIFE <b>Minnie Lacy Howard</b>		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>492-36-7893</b>		17. INFORMANT <b>Mrs. Mildred Putnam, California, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>	
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 _____	
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 <b>July 24, 1959</b> to <b>Oct 4, 1959</b> and last saw <sup>her</sup> him alive on <b>Oct 4, 1959</b> Death occurred at <b>11:55 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Kenneth Latham m.d.</b>		22b. ADDRESS <b>California, Mo.</b>	
22c. DATE SIGNED <b>10-6-59</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/6/1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery,</b>		23d. LOCATION (City, town, or county) <b>California, Missouri</b>	
24. FUNERAL DIRECTOR <b>Hugh E. Williams, California, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-8-59</b>	
26. REGISTRAR'S SIGNATURE <b>Helen K. Papay</b>		26. REGISTRAR'S SIGNATURE	

(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

*Russell P. Mac*

Licensed Embalmer No. \_\_\_\_\_

*4809*

P. O. Address \_\_\_\_\_

*California*

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.