

FILED SEP 30 1957

Registration District No. 224

Primary Registration District No.

Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California Walker</i>			c. CITY OR TOWN <i>California</i>		
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location) <i>208 1/2</i>		
3. NAME OF DECEASED (Type or print) <i>MINNIE MAE HOBACK</i>			4. DATE OF DEATH <i>Sept 12 1957</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 18 - 1886</i>	9. AGE (In years last birthday) <i>70</i>	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <i>11</i> Days <i>24</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (City and state or country) <i>Jamestown Mo</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>John Lewis Dearing</i>		
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			15. SOCIAL SECURITY NO. <i>510-28-1046A</i>		
16. MOTHER'S MAIDEN NAME <i>Eliza Ann McDaniel</i>			17. INFORMANT <i>Albert Hoback</i> Address <i>California Mo.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Sigmoid Colon with Metastasis</i> Conditions, if any, which gave rise to above cause (b): 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 <i>18 months</i>
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 _____ Month _____ Day _____ 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 <i>California Moniteau Mo.</i>		
21. I attended the deceased from <i>3-19-56</i> to <i>9-12-57</i> and last saw her alive on <i>9-12-57</i> Death occurred at <i>10:30</i> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R. B. Dearing, M.D.</i> (Degree or title)			22b. ADDRESS <i>California, Mo.</i>		22c. DATE SIGNED <i>9-13-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>8-14-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>California Mo.</i>
24. FUNERAL DIRECTOR <i>Hugh E. Williams</i> ADDRESS <i>California Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>9/24/57</i>		26. REGISTRAR'S SIGNATURE <i>Helmut L. Popejay</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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.....

Licensed Embalmer No....38

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.