

1. NAME OF DECEASED (Type or print) a. (First) Richard b. (Middle) L c. (Last) Hoblitzell 2. DATE OF DEATH (Month) (Day) (Year) Nov 14-1962

3. PLACE OF DEATH a. COUNTY Wood 4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Va b. COUNTY Wood

b. CITY or TOWN Parkersburg c. LENGTH OF STAY IN CITY OR TOWN 14 days c. CITY or TOWN Williamstown P. D.

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph Hospital d. STREET ADDRESS Courts

e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES  NO  e. IS RESIDENCE INSIDE CITY LIMITS? YES  NO  f. IS RESIDENCE ON A FARM? YES  NO

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH Oct 26-1888 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months    Days    IF UNDER 24 HRS: Hours    Min.   

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Henry Hoblitzell 14. MOTHER'S MAIDEN NAME Laura Alcock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)    (If yes, give war or dates of service)    16. SOCIAL SECURITY NO. 236-48-4311 17. INFORMANT Constantine Hoblitzell Address   

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]

PART I. DEATH WAS CAUSED BY:

1538 IMMEDIATE CAUSE (a) Pulmonary Embolism INTERVAL BETWEEN ONSET AND DEATH 4 1/2 30 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Abdominal Curculionidiosis 1 hrs

DUE TO (c) Carcinoma of Colon 2 mos

PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I(a)

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Month, Day, Year, Hour M.   

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    20f. CITY or TOWN    COUNTY    STATE   

21. I attended the deceased from 11/10/62 to 11/14 and last saw the deceased alive on 11/14. Death occurred at 5:25 AM 11/14 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas R. Morris MD (Degree or title) 22b. ADDRESS Tuckers Hill 22c. DATE SIGNED 11/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov 16-1962 23c. NAME OF CEMETERY OR CREMATORY Valley (W. Co.) 23d. LOCATION (City, town, or county) (State) Courts Ohio

24. DATE REC'D. BY LOCAL REG. 11-16-62 25. REGISTRAR'S SIGNATURE Paul J. Stewart 26. FUNERAL DIRECTOR Gene D. Wood ADDRESS