

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16612

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reynolds</u> <u>0900</u>			
c. LENGTH OF STAY (in this place) <u>3 weeks</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Dobbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1950</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Aug. 1st. 1874</u>	
				9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR: Months <u>9</u> Days <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Reynolds Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Dobbs</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Miner</u>			14. NAME OF HUSBAND OR WIFE <u>Dolly Dobbs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Nelson, Reynolds Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tremulous hands -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rickettic Hypertrophy -</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis Chronic -</u>					INTERVAL BETWEEN ONSET AND DEATH <u>28 days</u>
19a. DATE OF OPERATION <u>5-9-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rickettic Hypertrophy -</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-22, 1950</u> , to <u>5-23, 1950</u> , that I last saw the deceased alive on <u>5-22, 1950</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. M. Dickey, M.D.</u>			23b. ADDRESS <u>Ironton - Mo.</u>		23c. DATE SIGNED <u>5-25-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greeley</u>		24d. LOCATION (City, town, or county) (State) <u>Greeley Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 29 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u> <u>128</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ironton Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0470

650-260

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
Student Embalmer

Signed Harold White

Licensed Embalmer No. 3012

P. O. Address Quinton, N.C.

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 this body is not embalmed, fact should be so stated above.