

FILED MAY 22 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 17436

BIRTH NO. _____		REG. DIST. NO. <u>194</u>		PRIMARY REG. DIST. NO. <u>5712</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Richwood</u>		c. LENGTH OF STAY (in this place) <u>78 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Richwood</u>		d. STREET ADDRESS (If rural, give location) <u>RockyComfort, Mo. R#</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home RockyComfort, Mo. R#</u>				d. STREET ADDRESS (If rural, give location) <u>RockyComfort, Mo. R#</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nerva</u> b. (Middle) <u>A.</u> c. (Last) <u>Dabbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 50</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 4 1871</u>		9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. A. McNiell</u>		13b. MOTHER'S MAIDEN NAME <u>Maryna Dame</u>		14. NAME OF HUSBAND OR WIFE <u>D. F. Dabbs (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Dabbs</u>		ADDRESS <u>RockyComfort, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension + Angina pectoris (acute)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs -</u> <u>4202</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>May 19 48</u> to <u>5-7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-6</u> , 19 <u>50</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. Cardwell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Stella Mo.</u>		23c. DATE SIGNED <u>5-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RockyComfort Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>RockyComfort Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 11, 1950</u>		REGISTRAR'S SIGNATURE <u>P. E. Plummer</u>		178		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Lopez Wheeler, Mo.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 15 1950

District Health Office No. 6,

District File Number 550-573

Date Filed 5-15-50

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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

*W. Morris Pogue*

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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 this body is not embalmed, fact should be so stated above.