

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13455**  
 Registrar's No. **34**

BIRTH NO. _____		REG. DIST. NO. <b>267</b>		PRIMARY REG. DIST. NO. <b>3049</b>		Registrar's No. <b>34</b>	
1. PLACE OF DEATH a. COUNTY <b>Remiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Remiscot</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hayti</b>		c. LENGTH OF STAY (in this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hayti 19787</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Henry</b>		c. (Last) <b>Dobbs</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 16, 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 8 1908</b>	
9. AGE (In years last birthday) <b>42</b>		10. MONTHS <b>11</b>		11. DAYS <b>8</b>		12. HOURS <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Farm work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Earle, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>D. E. Dobbs</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie E. Eliston</b>		14. NAME OF HUSBAND OR WIFE <b>Barbara Dobbs</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>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lizzie Walton Hayti, Mo</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fulminating Pulmonary tuberculosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>tuberculosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cystitis 002X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>33 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>Hayti Remiscot Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>2-16, 1951</b> , to <b>4-16, 1951</b> , that I last saw the deceased alive on <b>4-10, 1951</b> , and that death occurred at <b>2:00 Noon</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>O. W. Cook</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Caruthersville, Mo</b>		23c. DATE SIGNED <b>4-16-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-18-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holly Grove Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Stale, Mo</b>	
DATE REC'D BY LOCAL REG. <b>4-21-51</b>		REGISTRAR'S SIGNATURE <b>John W. German</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>German Undert Co</b>		ADDRESS <b>Stale, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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4-51-113

APR 1 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

APR 23 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed John W. Herman

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.