

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29343**

FILED SEP 19 1951

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Poweshiek</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grinnell</u> <u>9140</u> <u>7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>1109 Hamilton Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Willys</u>	b. (Middle) <u>Arnold</u>	c. (Last) <u>Dobbs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 15, 1923</u>	9. AGE (in years last birthday) <u>27</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior Decorator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Interior Decorator-- Jasper County, IOWA</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edmond Dobbs</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Lee Alexander</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Lee Duncan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jennie Lee Dobbs</u>	ADDRESS <u>Grinnell, Iowa</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 1/2 da.</u> <u>3 1/2 da.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u>		
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral concussion</u> DUE TO (c) <u>Skull fracture</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9/16/51</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>124</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Automobile accident</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirksville Adair Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 5 1951 5:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
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22. I hereby certify that I attended the deceased from Sept 5, 1951, to Sept 9, 1951, that I last saw the deceased alive on Sept 9, 1951, and that death occurred at 6:34 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wilton T. English, Jr. M.D.</u>	23b. ADDRESS <u>Kirksville, Missouri</u>	23c. DATE SIGNED <u>Sept 9, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Wood</u>	24d. LOCATION (City, town, or county) (State) <u>Grinnell, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>9-9-51</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul W. Riley</u>	ADDRESS <u>Kirksville, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Date Received: SEP 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1663
Date Filed: SEP 18 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Yitkville 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.