

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8960**

FILED MAR 17 1952

REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5662** Registrar's No. **25**

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

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL LA BELLE		c. CITY (If outside corporate limits, write RURAL and give township) WILLIAMSTOWN, MO. 1560	
d. FULL NAME OF (If not in hospital or institution, give street address or location) PRARIE VIEW REST HOME		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT	b. (Middle)	c. (Last) DABNEY	4. DATE OF DEATH (Month) (Day) (Year) MARCH 11, 1952
5. SEX 0 M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 0	8. DATE OF BIRTH JULY 9, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) 0	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE DABNEY	13b. MOTHER'S MAIDEN NAME MARY TUHILL	14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXXXXXXXX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXXXXXXX	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELLA MCDOLE 905 JERSEY, QUINCY, ILL.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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)	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 **Feb 7**, 19**52**, to **Feb 10**, 19**52**, that I last saw the deceased alive on **Feb 15**, 19**52** and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Coates D.O.	23b. ADDRESS La Belle, Mo.	23c. DATE SIGNED Feb 12 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 13, 1952	24c. NAME OF CEMETERY OR CREMATORY LA BELLE	24d. LOCATION (City, town, or county) (State) LA BELLE, MISSOURI
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DATE REC'D BY LOCAL REG. 3-15-52	REGISTRAR'S SIGNATURE P.W. Jennings	25. FUNERAL DIRECTOR'S SIGNATURE Charles L. ...	ADDRESS LEWISTOWN, MO.
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(Licensed Embalmer's Statement on Reverse Side)



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 Charles J. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address: LEWISTOWN, MISSOURI

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.