

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2159

State File No.

FILED FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>194</u>		PRIMARY REG. DIST. NO. <u>5712</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>McDONALD</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL Richwood</u>)		a. STATE <u>Missouri</u>		b. COUNTY <u>McDONALD</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Richwood</u>		d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort R#</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>MARY</u>	b. (Middle) <u>ROSA</u>	c. (Last) <u>Dabbs</u>	(Month) <u>Feb</u>	(Day) <u>9</u>	(Year) <u>1953</u>	Female	6. COLOR OR RACE <u>White</u>
(Type or Print)							
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb/23/1874</u>		9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Levi Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hill</u>	
14. NAME OF HUSBAND OR WIFE (Deceased) <u>Calvin Dabbs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Dave Clymer, Rocky Comfort Mo</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>				<u>2 1/2 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS					
		Antecedent Causes					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
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)			
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>2-4-53</u>, 19<u>53</u>, to <u>2-9-53</u>, 19<u>53</u> that I last saw the deceased alive on <u>2-9-53</u>, 19<u>53</u>, and that death occurred at <u>10:45 P.m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE <u>Cardwell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Stella Mrs.</u>		23c. DATE SIGNED <u>2-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 11, 1953</u>		REGISTRAR'S SIGNATURE <u>D. E. Plummer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Morris Payne Wheeler</u>			
				ADDRESS			

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

3 No. 300
EV. 10.48
0600
1

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

James Kenneth Duncan

Licensed Embalmer No. 4767

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.