

STANDARD CERTIFICATE OF DEATH

10742

State File No. _____

No. 300
10.48

FILED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Newton</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 township) OR TOWN <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rocky Comfort, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>8th St. E. 1st Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vesta</u> b. (Middle) _____ c. (Last) <u>Dabbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-1953</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>9-25-1864</u>		9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>8</u> DAYS <u>1</u> HOURS <u>1</u> MIN. <u>00</u>	
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>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Beligman, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Usa</u>					

13a. FATHER'S NAME <u>Montgomery Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Roller</u>		14. NAME OF HUSBAND OR WIFE <u>David N. Dabbs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lyman Dabbs-Rocky Comfort, Mo.</u>	
				ADDRESS _____	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b) _____			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS		<u>Asthmatic Bronchitis</u>			
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		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 2-12-1953 to 3-8-1953, that I last saw the deceased alive on 3-8-1953 and that death occurred at 8:00 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. P. Davis M.D.</u>		23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>3-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-17-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bourman M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Deubert</u>	
				ADDRESS <u>Cassville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

132

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number _____

Date Filed MAR 31 1953

NEOSHO, MISSOURI

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 Paul D. Hubert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.