

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 22 1953

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 194

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LaMonte</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LaMonte (Rural)</u>	
c. LENGTH OF STAY (In this place) <u>80yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0302</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Isabelle</u> c. (Last) <u>Bobbitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 10 53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		8. DATE OF BIRTH <u>4-16-1850</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mill Gap Virginia</u>		9. AGE (In years last birthday) <u>103</u> F UNDER 1 YEAR Months Days F UNDER 6 HRS. Hours Min.			
12. CITIZEN OF WHAT COUNTRY? <u>US</u>				12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>W.M. Wade</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Buckman</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas M. Bobbitt</u>	
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>Core Bragunier LaMonte Mo.</u>	
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.		19. DATE OF OPERATION <u>331X</u>			

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.		19. DATE OF OPERATION <u>331X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?			

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 April 13, 1953 to 6/10, 1953, that I last saw the deceased alive on April 13, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D.H. Hale DO.</u>		23b. ADDRESS <u>Sweet Springs Mo</u>		23c. DATE SIGNED <u>6-11-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Dunksburg Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>			

DATE REC'D BY LOCAL REG. <u>6-15-53</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		ADDRESS <u>LaMonte MO.</u>	
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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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.