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FILED AUG 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

408 E Arrow St
State File No. 30716

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 173

| | | | |
|---|-----------------------------------|--|-----------|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Saline | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall | 0972 0 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Putnam Hospital | | d. STREET ADDRESS (If rural, give location) 408 East Arrow | |

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|-------------------------------------|------------------|-------------|-------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Allen | b. (Middle) | c. (Last) Dobbins | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 23-1953 |
|-------------------------------------|------------------|-------------|-------------------|--|

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|---------------|------------------------|--|------------------------------|--------------------------------------|--------------------------|---------------------------|
| 5. SEX male 0 | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Nov. 5-1880 | 9. AGE (In years) (Last birthday) 72 | IF UNDER 1 YEAR Months 9 | IF UNDER 12 HRS. Hours 18 |
|---------------|------------------------|--|------------------------------|--------------------------------------|--------------------------|---------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) livestock trader | 10b. KIND OF BUSINESS OR INDUSTRY Self employed | 11. BIRTHPLACE (City and State or Foreign Country) Saline Co. Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Allen Dobbins | 13b. MOTHER'S MAIDEN NAME Letha Peckenpaugh | 14. NAME OF HUSBAND OR WIFE Lillian Dobbins |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME Lillian Dobbins, Marshall, Mo. | ADDRESS |
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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 7 hrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|---|--|----------------------------|
| 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 June, 1952, to Aug, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE Richard D. Wickles M.D. (Degree or title) | 23b. ADDRESS Marshall, Mo. | 23c. DATE SIGNED 8-28-53 |
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| | | | |
|--|---------------------|--|---|
| 24a. BURIAL (CREMATION) REMOVAL (Specify) Burial | 24b. DATE 8/25/1953 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) Slater, Mo. |
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|--------------------------------------|--|---|---------|
| DATE REC'D BY LOCAL REG. Aug 25-1953 | REGISTRAR'S SIGNATURE Sidney J. Gray 385 | 25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers, Slater, Mo. | ADDRESS |
|--------------------------------------|--|---|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

72
0

SEP 25 1959

SEP 25 1959

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

Sam M Hill

Licensed Embalmer No. _____

1292

P. O. Address _____

State 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.