

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39695

State File No.

FILED DEC 1-1953

0600 9

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

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4716</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived: If Institution: residence before admission). a. STATE <u>ARK</u> b. COUNTY <u>BENTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Noah (R)</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Subphoe Springs (R)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>5030</u> <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u>			b. (Middle) <u>MARIA</u>			c. (Last) <u>BOBBETT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-53</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>1-19-1904</u>		9. AGE (In years last birthday) <u>49</u>		10. MONTHS <u>9</u>		11. DAYS <u>16</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>JAME</u>		11. BIRTHPLACE (State or foreign country) <u>HARPER KANS.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S</u>	
13a. FATHER'S NAME <u>BEN RICH</u>		13b. MOTHER'S MAIDEN NAME <u>Sahome Shaghh</u>		14. NAME OF HUSBAND OR WIFE <u>Edd Bobbett</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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edd BOBBETT, Subphoe RSPOS-ARK</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck & Internal Injuries</u> 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: Interval between ONSET AND DEATH <u>Sudden</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Public Highway</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Moel - Mc Donald Mo 60</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-25-53 6:00 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto wreck</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. M. Humphrey Jr. Coroner</u>				23b. ADDRESS <u>Moel, Missouri</u>		23c. DATE SIGNED <u>10-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>10-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>WEEPING WATER NEBR.</u>	
DATE REC'D BY LOCAL REG. <u>10-26-53</u>		REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. M. Humphrey - Lincoln, Mo</u>			

SEP 12 1962

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 Wayne E. Humphrey

Licensed Embalmer No. 4265

P. O. Address Piscataway, N.J.

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.