

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43983

State File No.

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6041 Registrar's No. 411

0910
1

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

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Varner township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Varner Township</u>	
c. LENGTH OF STAY (in this place) <u>47 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Naylor</u> <u>0910</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1 Naylor, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Noah</u> b. (Middle) <u>James</u> c. (Last) <u>Dabbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>JAN. 10, 1874</u>
9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u> IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Dabbs</u>	
13b. MOTHER'S MAIDEN NAME <u>Mildred Thorpe</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Dabbs</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 ADDRESS <u>Mary Jane Dabbs Rt. 1 Naylor, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>angina pectoris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarct.</u> DUE TO (c) <u>and fatty deg.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4202	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>no</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>Nov 19, 1953</u> , to <u>Nov 21, 1953</u> , that I last saw the deceased alive on <u>Nov 19, 1953</u> and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. White</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Naylor Mo</u>	
23c. DATE SIGNED <u>11/21/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 23-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ripley County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Black's Mortuary, Corning, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>12-10-53</u>		REGISTRAR'S SIGNATURE <u>Ed. Straton 277-0</u>	

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 Gene H. Parrent

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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.