

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1656**

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5572** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington	
c. LENGTH OF STAY (In this place) 8 Yrs.		d. STREET ADDRESS (If rural, give location) 90th. Grogger Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 90th. Grogger Road			

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Ernest c. (Last) Bobbitt			4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9 Nov. 1886		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY R. R. Frisco		
11. BIRTHPLACE (City and State or Foreign Country) Jamesport, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Joseph Bobbitt		13b. MOTHER'S MAIDEN NAME Maragaret Crutchfield		14. NAME OF HUSBAND OR WIFE Delphine Bobbitt	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-07-1277		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delphine Bobbitt R R 4 Hickman Mills, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH
		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. Two previous cerebral hemorrhages				

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) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X	
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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?	
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph H. Owens Carner		(Degree or title) 3		23b. ADDRESS 1034 Piatt Bldg		23c. DATE SIGNED 1-13-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 18 Jan. 54		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 1/14/54		REGISTRAR'S SIGNATURE Sturtevant		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels K. C. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

116724

UNIVERSITY OF 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

Lloyd C. McDonald

Licensed Embalmer No. 4853

P. O. Address 71, C. 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.