

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4025**

BIRTH NO. **FILED FEB 29 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **188**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parson St. Nursing Home 1804 Parson St.		d. STREET ADDRESS Pilcher Hotel	
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) E.	c. (Last) Dobson
4. DATE OF DEATH February 13, 1954		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH November 17, 1861
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. merchant	11. BIRTHPLACE (State or foreign country) Queensville, Tennessee
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. merchant		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas S. Dobson		13b. MOTHER'S MAIDEN NAME Hannah Morrow	14. NAME OF HUSBAND OR WIFE Minnie M.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Kathryn Dobson, 1924 S. 12th, St. Joseph, Mo.
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) Chronic Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardio Vascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS General Debility & Senility Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-1, 1953 , to 2-13, 1954 , that I last saw the deceased alive on 2-12, 1954 , and that death occurred at 7:23 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE H. J. Mundy M.D.		23b. ADDRESS 2891 Sacramento St. St. Joseph, Mo.	23c. DATE SIGNED 2/16/54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2/13/1954	24c. NAME OF CEMETERY OR CREMATORY Highland, Kansas
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Robert M. Allison ADDRESS Heaton-Bauman St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Feb 20, 1954		REGISTRAR'S SIGNATURE Robert M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bauman ADDRESS St. Joseph, Mo.

(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 *William Spalding* _____

Licensed Embalmer No. *4535* _____

P. O. Address *St Joseph Ave* _____

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.