No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9532

State File No. .....

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: OREGON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OREGON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALTON 0750
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BENTLY
b. (Middle): HALUS
c. (Last): Dobbs

4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12/28/1924
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months 2, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM LABOR
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): DORA, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JAMES HOBERT Dobbs
13b. MOTHER'S MAIDEN NAME: STELLA Moffis
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): KOREAN-1948-1952
16. SOCIAL SECURITY NO.: 489-26-0726
17. INFORMANT'S SIGNATURE OR NAME: Amos Gum — ADDRESS: Alton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Car overturning on highway 160,
DUE TO (c) 5miles west of Alton, Mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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* 6.45 A.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lee Doc Martin Coroner
23b. ADDRESS: Shagery Mo.
23c. DATE SIGNED: 3-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/6/1954
24c. NAME OF CEMETERY OR CREMATORY: SHILOH CEMETARY
24d. LOCATION (City, town, or county) (State): OREGON County Mo.

DATE REC'D BY LOCAL REG.: Mar 20/54
REGISTRAR'S SIGNATURE: Mrs W C Johnson 233-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: John D. Clary Alton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 19

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 John D. Clark

Licensed Embalmer No. 4485

P. O. Address Box 398, 1854

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.