

41633

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 7 1955

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. LENGTH OF STAY (in this place) <u>72</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		<u>0581</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>307 E Santa Fe</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edwin</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Dobyns</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>25</u>		(Year) <u>54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>7/4/1874</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dispatcher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Dobyns</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Greer</u>			14. NAME OF HUSBAND OR WIFE <u>Viola Dobyns</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>709-16-5999</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Viola Dobyns Marceline, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thromboses</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart + vascular Dis</u> DUE TO (c) <u>Parkinson's Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Left Femur 4-20-05</u>					
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION <u>Fracture Left Femur - neck</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>St. Francis Hosp</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marceline Linn Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-25-54</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u>			
22. I hereby certify that I attended the deceased from <u>10-18-54</u> to <u>12-25-54</u> , that I last saw the deceased alive on <u>12-25-54</u> , 19 <u>54</u> , and that death occurred at <u>5:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>St. Francis Hosp</u>				23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>12-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BB</u>		24b. DATE <u>12/28/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-28-54</u>		REGISTRAR'S SIGNATURE <u>W. J. Rogerson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u>		ADDRESS <u>Marceline</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

JAN 14 1955

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 George D. Krammel

Licensed Embalmer No. 4425

P. O. Address Worcester, Mass

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.