No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16101

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho,
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 322 S. Hamilton St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Neosho
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 322 S. Hamilton St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Rosilee
b. (Middle): J.
c. (Last): Dabbs

4. DATE OF DEATH (Month) (Day) (Year): April 20 1955

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 6-29-1899
9. AGE (In years last birthday): 55
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (City and State or Foreign Country): Pineville Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Wiley W. Tracy
13b. MOTHER'S MAIDEN NAME: Ella Mae Farmer
14. NAME OF HUSBAND OR WIFE: Lawrence Dabbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J. Lawrence Dabbs
ADDRESS: Neosho, 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) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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* 10-1-, 1953, *to* 4/20, 1955, *that I last saw the deceased alive on* 4-20, 1955, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Dr H. Davis (Degree or title) MD
23b. ADDRESS Neosho Mo.
23c. DATE SIGNED 4/21/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-22-55
24c. NAME OF CEMETERY OR CREMATORY: Anderson Cemetery
24d. LOCATION (City, town, or county) (State): Anderson, Missouri

DATE REC'D BY LOCAL REG.: 5-1-55
REGISTRAR'S SIGNATURE: Melvin C. Bowman
25. FUNERAL DIRECTOR'S SIGNATURE: Clark-Bigham Mortuary
ADDRESS: Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. 555-92

District Aid MAY 25 1955

Date Filed

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. E. Hudd Kiston

Licensed Embalmer No. 477

P. O. Address Joplin, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.