

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29452

State File No.

FILED OCT 3 - 1955

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 2000 Registrar's No. 852

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>	c. CITY OR TOWN <u>Boisd Arc</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clark Osteopathic Hosp.</u> No. _____ STREET ADDRESS (If rural, give location) <u>2390</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>John</u> c. (Last) <u>Dobes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-9-1899</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County, Missouri, U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Oscar Dobes</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Ruby Dobes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>486-24-4850</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Dobb Junction City, Kan</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized peritonitis</u> DUE TO (c) <u>ruptured diverticulum of the rectum</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fall from ladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9/20/55</u> <u>9/16/55</u> <u>9/16/55</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9010</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident on the job in a home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Boisd Arc, Greene</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Boisd Arc</u> (COUNTY) <u>Greene</u> (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-16-55 2⁰⁰ p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from ladder</u>	
22. I hereby certify that I attended the deceased from <u>9/26</u> , 19 <u>55</u> , to <u>9/28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/28</u> , 19 <u>55</u> , and that death occurred at <u>7:00</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Edland E. Wetzel, D.O.</u>			23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>9/28/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 30 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-30-55</u>		REGISTRAR'S SIGNATURE <u>Edna Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Ditch Ash Grove, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 21 1952

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.....
Signature of Student Embalmer

Signed..... *Richard E. Wat*.....

Licensed Embalmer No... *46*

P. O. Address... *Ash Grove*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.