

FILED MAR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9424

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Prairie</u>)		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>Greenwood</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>Cedar Croft Nursing Home</u>				f. STREET ADDRESS (If rural, give location) <u>Town - General Delivery 1000</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lester</u>		b. (Middle) <u>Charles</u>		c. (Last) <u>Dobbins</u>	
4. DATE OF DEATH		Month <u>March</u>		Day <u>19</u>		Year <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 21, 1877</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Uparagi, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David T. Dobbins</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Pennington</u>		14. NAME OF HUSBAND OR WIFE <u>-----Divorced*****</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>93-22-9492</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hazeldeene Rosenbaugh, Greenwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholera myoacanthites.</u>					
		- ANTECEDENT CAUSES <u>Cholera nephritis</u>					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
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) <u>592X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 1956</u> , to <u>3-19</u> , 1956, that I last saw the deceased alive on <u>3-15</u> , 1956, and that death occurred at <u>12:05 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Julius Heper M.D.</u>		23b. ADDRESS <u>Lee's Summit, Mo</u>		23c. DATE SIGNED <u>3-20-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 20, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Champaign Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Champaign, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>3/20/56</u>		REGISTRAR'S SIGNATURE <u>W.B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Langford Funeral Home, Lee's Summit</u>		ADDRESS <u>Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 *N. B. Langford Jr.*
Licensed Embalmer No. *49*
P. O. Address *Leis*

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.