

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15942**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **2393** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ava Benton</b>		c. CITY OR TOWN <b>Ava</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>Benton twp</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harrison</b>	b. (Middle) <b>B</b>	c. (Last) <b>Dobbins</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 5 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 30 1873</b>	9. AGE (In years last birthday) <b>83</b>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Tom Dobbins</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Claypool</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia Ferris</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Virginia Ferris Dobbins Ava Mo</b>
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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) <b>Myocardial degeneration</b>		
	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 <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 **1947**, **1942**, to **5-5**, **1956**, that I last saw the deceased alive on **5-5**, **1956**, and that death occurred **2:45P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. P. S. Warlan M.D.</b>	23b. ADDRESS <b>Ava Mo</b>	23c. DATE SIGNED <b>5-7-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5 8 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fannon</b>	24d. LOCATION (City, town, or county) (State) <b>Ava Mo</b>
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DATE REC'D BY LOCAL REG. <b>5-17-56</b>	REGISTRAR'S SIGNATURE <b>Uestel Bushman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clinkingbeard Funeral Home Ava Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 5 1961

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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 *Charles R. Fish*.....

Licensed Embalmer No. *466*

P. O. Address *Ava*.....

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.