

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1956

36994  
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5099 Registrar's No. 162

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Worland</u>           |  | c. CITY OR TOWN <u>Worland</u>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Worland</u> |  | d. STREET ADDRESS <u>Worland</u>   |  |
| Length of stay in 1b <u>7 yrs.</u>   |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

|   |                                  |   |  |  |  |  |
|---|----------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Margaret</u> Middle <u>D.</u> Last <u>Dabbs</u>                         |                                  |   | 4. DATE OF DEATH<br>Month <u>December</u> Day <u>4</u> Year <u>1956</u>  |  |  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Oct. 1887</u>                                     | 9. AGE (In years last birthday)<br><u>69</u>           | IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>         |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Mt. Grove, Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>              |  |
| 13. FATHER'S NAME<br><u>Henry Raney</u>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Sarah Poore</u>                           |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) (If yes, give year or dates of service)<br><u>No</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |  | 17. INFORMANT<br><u>Ella Davis 934 E. 4th K.C. Mo.</u> |  |  |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>instant</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                               |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((a))<br><u>H20.1</u>               |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |

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|---|--|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____             |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from Dead on arrival and last saw her alive on \_\_\_\_\_  
Death occurred at Home on the date stated above; and to the best of my knowledge, from the causes stated.

|  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>Clous Smith</u><br>(Degree or title)<br><u>Acting Coroner</u> | 22b. ADDRESS<br><u>Butler, Mo.</u> | 22c. DATE SIGNED<br><u>12-5-56</u> |
|--|------------------------------------|------------------------------------|

|  |                               |  |   |
|--|-------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>12-6-1956</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Independence Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Bates Co., Missouri</u> |
|--|-------------------------------|--|---|

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| 24. FUNERAL DIRECTOR<br><u>Culver-Underwood</u><br>ADDRESS<br><u>Butler, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Dec 5: 1956</u> | 26. REGISTRAR'S SIGNATURE<br><u>Hendall Kersey</u> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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 0070  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All other symptoms must be stated. All

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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 *Robert G. Stein*

Licensed Embalmer No. *46*

P. O. Address *Baltimore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.