

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**13764**

State File No. \_\_\_\_\_

**FILED MAY 7-1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Laclede.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Dover, Eldridge Twp.</b>		c. CITY OR TOWN <b>Stoutland, Mo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 wks.</b>		f. STREET ADDRESS (If rural, give location) <b>None. 0150</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Long's Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Effie</b> b. (Middle) <b>Mae</b> c. (Last) <b>Dobson.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 23 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>July 11, 1883</b>	9. AGE (In years, last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Stoutland, Mo Rural.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>

13a. FATHER'S NAME <b>John S. Percy</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown.</b>	14. NAME OF HUSBAND OR WIFE <b>Walter Elmore Dobson.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>Unknown.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Marvin Harper. Highland, Ind.</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</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>none</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331x</b>
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 21 Apr 1957 to 23 Apr 1957, that I last saw the deceased alive on 21 Apr 1957 and that death occurred at 3:25P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul Jenkins MD</b>	23b. ADDRESS <b>Lebanon, Missouri</b>	23c. DATE SIGNED <b>29 Apr 1957</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/25/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stoutland Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Stoutland, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>4-27-1957</b>	REGISTRAR'S SIGNATURE <b>Hella L. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hedges Funeral Home Stoutland, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

424

Received 5-6-57  
Laclede County Health Unit  
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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 Clarence Moss  
.....

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo.

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.