

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1958

State File No. 17147

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Paplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>30⁰</u>		c. CITY OR TOWN <u>Zalma</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Paplar Bluff Hosp.</u>				STREET ADDRESS (If rural, give location) <u>Zalma, Mo. 6390</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u> b. (Middle) <u>El</u> c. (Last) <u>Gobble</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 20, 1883</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Zalma, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Anderson Dobbie</u>		13b. MOTHER'S MAIDEN NAME <u>Jenny Leaton</u>		14. NAME OF HUSBAND OR WIFE <u>May Dobbie</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Years or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>49328 1936</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>May Dobbie, Zalma, 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, asphyxia, 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>Cerebrovascular accident, left</u>				DUE TO (b) <u>arterial hypertension</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>General arteriosclerosis</u>				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 <u>33IX</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)		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>Oct 13</u> , 19 <u>57</u> , to <u>Oct 16</u> , 19 <u>57</u> , that I last saw the deceased on <u>Oct 16</u> , 19 <u>57</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Erwin Obermeyer, M.D.</u>				23b. ADDRESS <u>Paplar Bluff Mo</u>		23c. DATE SIGNED <u>Oct 23 1957</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-18-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M. M. Co., Country</u>		24d. LOCATION (City, town, or county) (State) <u>M. M. Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1/10/58</u>		REGISTRAR'S SIGNATURE <u>R. H. Huestee</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. A. Morgan, Rollaway Mo.</u>			

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

RECEIVED

JAN 13 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 13 1958

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 Wm H Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Pa

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.