

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029449  
STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 154

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>                            |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Webb City</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Webb City</b> <b>04920</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                           |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>710 W. 2nd St.</b>  |                                  | Length of stay in lb<br><b>4 years</b>   | d. STREET ADDRESS (If outside, give location)<br><b>710 W. 2nd St.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Harry</b> Middle <b>L.</b> Last <b>Dolby</b>   |                                  |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>9</b> Year <b>1958</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>August 19, 1888</b>  |
| 9. AGE (In years last birthday) <b>69</b>   |                                  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>   | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Salesman</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Beauty Supply</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Seymour Missouri</b>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                                  | 13a. FATHER'S NAME<br><b>Abraham Dolby</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Lida Brown</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs Jessie Narrimore, Webb City Missouri</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>yes WW1</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>487-03-6650</b>  | 17. INFORMANT<br><b>Mrs Jessie Narrimore, Webb City Missouri</b>  |
| 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) <b>Acute circulatory collapse</b><br>infarction<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. }<br>DUE TO (b) <b>Coronary thrombosis with Myocardial</b><br>DUE TO (c) <b>Arteriosclerosis</b> <b>4201</b> |                                  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 minutes</b><br><b>15 hours</b><br><b>Unknown</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| 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 <b>10:30</b> Month, Day, Year <b>8-9-58</b><br>a.m. p.m.  |                                  | 20d. INJURY OCCURRED WHILE AT <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<br><b>Webb City, Mo.</b><br>COUNTY <b>Missouri</b> STATE <b>Missouri</b>  |   |
| 21. I attended the deceased from <b>8-9-58</b> to <b>8-9-58</b> and last saw <sup>xx</sup> him alive on <b>8-9-58</b><br>Death occurred at <b>10:30</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |  |   |
| 22a. SIGNATURE<br><b>P. F. Gregory MD</b> (Degree or title) <b>2</b>  |                                  | 22b. ADDRESS<br><b>Webb City, Mo.</b>  | 22c. DATE SIGNED<br><b>8/11/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>8-12-1958</b>    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Seymour Cemetary</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Seymour Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Hedge-Lewis Funeral Home Webb City Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>8-11-58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Madeline Switzer</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 20 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 *Richard Gray Lewis*

Licensed Embalmer No. *14405*  
P. O. Address *West City, 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.