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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037244
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 248 Primary Registration District No. 4369 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Seneca — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Newton
c. CITY OR TOWN: Seneca — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 073 0 0 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Flora Middle: Alice Last: Dobbs

4. DATE OF DEATH Month Day Year: Oct. 26, 1958

5. SEX: Fem. /

6. COLOR OR RACE: white

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [ ] **3 DIVORCED** [X]

8. DATE OF BIRTH: Feb. 20, 1882

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (City and state or country): Abilene, Kas. /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel Fry

13b. MOTHER'S MAIDEN NAME: Maggie Miller

14. NAME OF HUSBAND OR WIFE: Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---------

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Everett Dobbs, Seneca, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): A-V Block
DUE TO (c): acute cholecystitis — 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 585 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 10/23/58 to 10/26/58 and last saw her alive on 10-26-58
Death occurred at 5:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John B. Edwards (Degree or title) D.O.

22b. ADDRESS P.O. Box 295 Seneca Mo

22c. DATE SIGNED 10/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 28, 1958

23c. NAME OF CEMETERY OR CREMATORY: Seneca Cemetery

23d. LOCATION (City, town, or county) (State): Seneca, Missouri

24. FUNERAL DIRECTOR ADDRESS: W E Biddlecome Seneca Mo

25. DATE RECD. BY LOCAL REG.: 10/26/58

26. REGISTRAR'S SIGNATURE: L. Biddlecome dep. reg.

(Licensed Embalmer's Statement on Reverse Side)

Filed NOV 5 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 W E Reddleson

Licensed Embalmer No. 217X

P. O. Address Seneca 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.