

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031667

FILED VS OCT 5 1959

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Primary Registration District No. 4070

Registrar's No. 44

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <b>Camden.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Camden.</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Stoutland, Missouri</b>		Length of stay in lb <b>29 yrs.</b>		c. CITY OR TOWN <b>Stoutland, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stoutland, Mo.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>None.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>E.</b> Last <b>Dobson.</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>26,</b> Year <b>1959</b>			
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 28/1880</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction Worker.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming.</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Dobson.</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah. Unknown.</b>		14. NAME OF HUSBAND OR WIFE <b>Effie Mae Dobson.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>494-20-0155</b>		17. INFORMANT Address <b>Wilbur Dobson. Stoutland, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Splenic-myelogenous Leukemia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arterio-Sclerosis with cerebral involvement</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m.	Month, Day, Year _____						
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 <b>Sept-24</b> to <b>Sept-27-59</b> and last saw him alive on <b>Sept-27-59</b> Death occurred at <b>5:28</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Thomas A. Wayland MD</b> (Degree title)			22b. ADDRESS <b>Camdenton, Missouri</b>			22c. DATE SIGNED <b>9/27/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/28/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Stoutland Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stoutland, Missouri</b>			
24. FUNERAL DIRECTOR (Address) <b>Hedges Funeral Home Stoutland, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>Sept. 28-1959</b>	26. REGISTRAR'S SIGNATURE <b>Zilpha J. Inaw.</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 5 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Larrence E. Mas...*

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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