URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 25 1960

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60-016727

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP. #1.

Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Texas

c. CITY OR TOWN: Licking

Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): East Licking

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: CHARLES Middle: Last: Dabney

4. DATE OF DEATH Month: APRIL Day: 13 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 8/8/1907

9. AGE (last birthday): 52

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St. Louis, Missouri.

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

13a. FATHER'S NAME: Charles J. Dabney

13b. MOTHER'S MAIDEN NAME: Mabel McClelanahan

14. NAME OF HUSBAND OR WIFE: Unavaiable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. # 2

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Marie Preiss, Licking, Mo. Address

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): PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 1 HRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): ELECTROLYTE IMBALANCE — 36 HRS

DUE TO (c): 587.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PANCREATITIS - CIRRHOSIS - ASCITES

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 3/24/60, to 4/13/60 and last saw her/him alive on 4/13/60

Death occurred at 10:10A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Nicholas Owen M.D. (Degree or title)

22b. ADDRESS: 1515 LAFAYETTE AVE

22c. DATE SIGNED: 4/13/60

BY AFFIDAVIT OF

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

23b. DATE: 4-16-60

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county) (State): Licking, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE REC'D BY LOCAL REG.: APR 16 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

VS APR 28 1960

MAY 18 1960

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 J Wm Dembley

Licensed Embalmer No. 365

P. O. Address St Lou

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