SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012999
STATE FILE NUMBER

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 18

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldorado Springs
Length of stay in 1b: 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar County Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Schell City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Robert Middle James Last Dobson
4. DATE OF DEATH: Month May Day 1 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept. 30, 1874
9. AGE (last birthday): 86 years
IF UNDER 1 YEAR / IF UNDER 24 HR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (City and state or country): Ulysses Nebraska
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Dobson
13b. MOTHER'S MAIDEN NAME: Mary Irene Brennen
14. NAME OF HUSBAND OR WIFE: Henrietta M. Dobson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Mrs. Henrietta Dobson Address: Schell City, Mo.

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) Complete heart block
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Septal myocardial ischemia
DUE TO (c) Coronary arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 4-22-61, to 5-1-61 and last saw ~~her~~ him alive on 5-1-61
Death occurred at 5:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L. Magee M.D.
22b. ADDRESS: El Dorado Springs, Mo.
22c. DATE SIGNED: 5-3-61

23a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify): Removal
23b. DATE: May 5, 1961
23c. NAME OF CEMETERY OR CREMATORY: Carleton Cemetery
23d. LOCATION (City, town, or county): Carleton (State): Nebraska

24. FUNERAL DIRECTOR: Lewis & Son ADDRESS: Schell City, Mo.
25. DATE RECD. BY LOCAL REG.: May 2, 1961
26. REGISTRAR'S SIGNATURE: per Ruth M. Nafus - HSA

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 Mrs. Frances G. Lewis

Licensed Embalmer No. 4775

P. O. Address Schell City

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.