

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017888

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 46

FILED JUN 5 1962				
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Atchison</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u> Length of stay in lb <u>16</u> days</p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Comm Hospt'</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Atchison</u></p> <p>c. CITY OR TOWN <u>Tarkio</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First Middle Last</p> <p style="text-align: center;"><u>NAOMI K DOBSON</u></p>				
<p>4. DATE OF DEATH Month Day Year</p> <p style="text-align: center;"><u>May 16, 1962</u></p>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/23/1876</u>	9. AGE (last birthday) <u>85</u> Months <u>9</u> Days <u>23</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Senora, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S</u>
13a. FATHER'S NAME <u>Jessie J. Baxter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Salee</u>		14. NAME OF HUSBAND OR WIFE <u>David J. Dobson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Nellie Dobson Tarkio, Mo.</u>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Pneumonia</u></p> <p style="text-align: center;">DUE TO (b) <u>Carcinoma Esophagus</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>				<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>5 days</u></p> <p><u>5 months</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center; font-size: 24pt;"><u>Arteriosclerosis</u></p>			<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
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
<p>21. I attended the deceased from <u>Jan 29, 1962 to May 16, 1962</u> and last saw <u>her</u> alive on <u>May 16, 1962</u></p> <p>Death occurred at <u>5:45 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>				
22a. SIGNATURE (Degree or title) <u>Edward J. Bone M.D.</u>		22b. ADDRESS <u>Tarkio, Mo.</u>		22c. DATE SIGNED <u>5/19/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>5/19/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Davis Funeral Home Tarkio, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 29, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Therwin H. Schaefer</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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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 Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.