MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-024177
STATE FILE NUMBER

FILED JUL 2 1962

Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 93

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Boat Com

1	0820
2	4000
3	
4	2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Buffalo Township — Length of stay in 1b: 3 Hrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Salt River, Near Louisiana, Mo. — Inside Limits: Yes ☐ No ☒
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St Louis
c. CITY OR TOWN: St Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8104 Enid — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John — Middle: W — Last: Dobbs
4. DATE OF DEATH: Month: June — Day: 23 — Year: 1962
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/18/1918
9. AGE (last birthday): 44 — 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): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Madarts, Mfg. Co
11. BIRTHPLACE (City and state or country): Okolona, Mississippi
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Gene Dobbs
13b. MOTHER'S MAIDEN NAME: Lula Pulliams
14. NAME OF HUSBAND OR WIFE: Emma Dobbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes — (If yes, give war or dates of service): World War No 2
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: Emma Dobbs, 8104 Enid, St Louis, 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): Drowning — INTERVAL BETWEEN ONSET AND DEATH: ?
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)
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.) Subject was diving boat at a fast rate of speed when he struck a floating log and boat overturned
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.): Salt River
20f. CITY, TOWN, OR LOCATION: Louisiana, — COUNTY: Pike — STATE: Mo
21. I attended the deceased from ——, to —— and last saw ~~her~~ him ~~alive~~ dead on June 23
Death occurred at 4:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. O. Mudd Coroner
22b. ADDRESS: Bowling Green, Mo.
22c. DATE SIGNED: June 23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6/23/1962
23c. NAME OF CEMETERY OR CREMATORY: Jefferson Barracks Cemetery
23d. LOCATION (City, town, or county) (State): St Louis Missouri
24. FUNERAL DIRECTOR: E.B.Koonce — ADDRESS: St Louis, Missouri
25. DATE RECD. BY LOCAL REG.: June 23-1962
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

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 J. B. Sterne

Licensed Embalmer No. 3049

P. O. Address Louisiana 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.