

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11877

State File No.

0492

FILED MAY 3 1954

REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 18

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u> 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Delmed (at Home)</u>		d. STREET ADDRESS (If rural, give location) <u>General Delmed</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>DOBBS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 26 1872</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>82</u> <u>1</u> <u>27</u> <u>-</u> <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John James Dobbs</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Short</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Dobbs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Dobbs Deepwater Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Decomposition</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4</u> - <u>1954</u> , to <u>4-23</u> , <u>1954</u> , that I last saw the deceased alive on <u>4-22</u> , <u>1954</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. S. Walker M.D.</u>		23b. ADDRESS <u>Clinton Mo.</u>	
23c. DATE SIGNED <u>4-24-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brownington Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Brownington Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Adair W. Wilkinson Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>April 26-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	

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

Student Embalmer

Signed

F Lee Schaberg

Licensed Embalmer No. *45 13*

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.