

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27557

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 3876 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <i>Oregon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Oregon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Alton-Rural-Pike 2 Lybine</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Alton</i>	
c. LENGTH OF STAY (in this place) <i>2 1/2</i>		d. STREET ADDRESS (If rural, give location) <i>17</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)	<i>August 28 1949</i>		
<i>Marshall Moss Dobbs</i>					

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 15, 1864</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<i>85</i>	Months <i>6</i> Days <i>13</i>	Hours <i></i> Min. <i></i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Oregon County, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Marshall Moss Dobbs</i>	13b. MOTHER'S MAIDEN NAME <i>Mintey Freeman</i>	14. NAME OF HUSBAND OR WIFE <i>Mintey Dobbs</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Albert Dobbs</i>	ADDRESS <i>Alton, Mo.</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Passive Cong of Heart</i>		<i>8-23-49</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Tobacco Consumption</i>		<i>7-10-49</i>
	DUE TO (c) <i>Fracture of hip</i>		<i>7-8-49</i>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED</i>

22. I hereby certify that I attended the deceased from *7-8*, 19*49*, to *8-25*, 19*49*, that I last saw the deceased alive on *8-25*, 19*49*, and that death occurred at *5:32 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. W. C. Johnson M.D.</i>	23b. ADDRESS <i>Alton, Mo.</i>	23c. DATE SIGNED <i>8-31-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug. 30-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Wilderness Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Wilderness Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Sept 2-49</i>	REGISTRAR'S SIGNATURE <i>Mrs W C Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John D. Clary</i>	ADDRESS <i>Alton, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9/6/49  
District Health Officer No. 5,  
District File Number 949585  
Date Filed 9/6/49

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

*John D. Clouy*

Licensed Embalmer No.

4475

P. O. Address

Box 398, Altamont, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.