

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12560
Registrar's No. 383

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>383</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Wagoner</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>1yr8mo5days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wagoner</u>		<u>8350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Box 295</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>F.</u> c. (Last) <u>BOBBITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1950</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>March 28, 1914</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Texana, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unkn.</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys Bobbitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW Two</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital records, Springfield, Mo.</u> ADDRESS _____			
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							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, Pulmonary, Far Advanced,</u>							
ANTECEDENT CAUSES <u>Active, Bilateral.</u>							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Other Findings: Tuberculous Meningitis.</u>							
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 _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Aug 18</u> , 19 <u>48</u> , to <u>April 22</u> , 19 <u>50</u> , and that death occurred at <u>3:20 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE OF INFORMANT <u>Paul L. Eisele</u> Chief, <u>0</u> (Degree or title)				23b. ADDRESS <u>VA Hospital, Springfield, Mo.</u>		23c. DATE SIGNED <u>4-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Wagoner - Okla.</u>	
DATE REC'D BY LOCAL REG. <u>4-26-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Goman - Schiefel</u> ADDRESS <u>Springfield, Mo.</u>			

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

0396

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.

Signed.....

Lewis G. Schaff

Signed.....

Student Embalmer

Licensed Embalmer No.

3802

P. O. Address.....

Springfield, 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.