

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9128

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY OR TOWN <u>Lebanon</u> c. LENGTH OF STAY (in this place) <u>unknown</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY OR TOWN <u>Lebanon</u> d. STREET ADDRESS (If rural, give location) <u>416 King St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jobias</u> b. (Middle) <u>Hightower</u> c. (Last) <u>Digby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 3, 1871</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Digby</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Stith</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Susan Digby</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tommy Digby</u> ADDRESS <u>Lebanon, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</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	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>3-8-1951</u> to <u>3-19-1951</u> , that I last saw the deceased alive on <u>3-19-1951</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R E Harrell, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>3-21-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hough Chapel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-25-1951</u>	REGISTRAR'S SIGNATURE <u>Hella L. Hagg</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Halman</u> ADDRESS <u>Lebanon, Mo.</u>

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

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Received **BAR 3 1 1951** -----
Laclede County Health Unit
File No. 4-51-48 -----
Date Filed **APR 2 1951** -----

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

Dorsey M. Hoive

Licensed Embalmer No.

4222

P. O. Address

Lebanon, 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.