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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27711

FILED AUG 16 1951

BIRTH NO. 54517-51 REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 17

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH:<br>a. COUNTY <b>New Madrid</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):<br>a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gideon (Rural)</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gideon</b>   |  |
| c. LENGTH OF STAY (in this place) <b>2da9.</b>   |  | d. STREET ADDRESS (If rural, give location) <b>0</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>  |  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Billy</b> b. (Middle) <b>Harold</b> c. (Last) <b>Dabba</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>8 12 51</b> |   |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>White</b>                    |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b> |  |
| 8. DATE OF BIRTH <b>8-10-51</b>   |  | 9. AGE (In years last birthday) <b>0</b>         |  | 10. UNDER 1 YEAR Days <b>0</b>                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>        |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b> |  | 11. BIRTHPLACE (State or foreign country) <b>Gideon, Missouri</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |  |  |   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <b>Virgil Dabba</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Willie Laverne Caulder</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Single</b> |  |
|--|--|---|--|---|--|

|  |  |                                     |  |   |  |
|--|--|-------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>None</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>James K. Dabba</b> ADDRESS |  |
|--|--|-------------------------------------|--|---|--|

|  |  |  |  |  |  |                                  |  |
|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Faramin Ovale reopened</b>   |  |  |  |  |  |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | 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 <b>none</b> |  | 19b. MAJOR FINDINGS OF OPERATION <b>none</b> |  | 7543 |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------------------|--|--|--|------|--|--|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b> |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Gideon## New Madrid Mo.</b> |  |
|--|--|--|--|--|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <b>none</b> |  |
|---|--|--|--|--|--|

22. I hereby certify that I attended the deceased from **Aug. 11**, 19**51**, to **Aug. 12**, 19**51**, that I last saw the deceased alive on **Aug. 12**, 19**51**, and that death occurred at **12 p.m.**, from the causes and on the date stated above.

|                                       |  |                                |  |                                   |  |
|---------------------------------------|--|--------------------------------|--|-----------------------------------|--|
| 23a. SIGNATURE <b>B.E. Ellis M.D.</b> |  | 23b. ADDRESS <b>Gideon Mo.</b> |  | 23c. DATE SIGNED <b>Aug 13/51</b> |  |
|---------------------------------------|--|--------------------------------|--|-----------------------------------|--|

|   |  |                          |  |   |  |   |  |
|---|--|--------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b> |  | 24b. DATE <b>8-12-51</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Near Clarkton, Mo.</b> |  |
|---|--|--------------------------|--|---|--|---|--|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <b>8-13-51</b> |  | REGISTRAR'S SIGNATURE <b>Mrs. F. S. Hopkins, R.M.</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Lloyd M. Russell</b> ADDRESS <b>Liggott, Ark.</b> |  |
|---|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 was

not embalmed.

working under my personal supervision.

Student Embalmer No.....

Signed Lloyd M. Russell

Signed.....  
Student Embalmer

Licensed Embalmer No. 509- Ark.

P. O. Address Piggott, Ark.

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.