

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34463

State File No. \_\_\_\_\_

1732  
1

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

FILED OCT 15 1951

|   |  |  |   |  |  |   |   |   |               |  |
|---|--|--|---|--|--|---|---|---|---------------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>245</u>  |   | PRIMARY REG. DIST. NO. <u>3047</u>   |  | Registrar's No. <u>110</u>  |   |   |               |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>NEWTON</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u> |  |   |   |   |               |  |
| b. CITY OR TOWN <u>NEOSHO</u>   |  | c. LENGTH OF STAY (in this place) _____  |   | c. CITY OR TOWN <u>NEOSHO</u>  |  | <u>0732</u>   |   |   |               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214. So. LAFAYETTE</u>   |  |  |   | d. STREET ADDRESS (If rural, give location) <u>214 So. LAFAYETTE</u>   |  |   |   |   |               |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>RAYMOND</u>   |  |  | b. (Middle) <u>PAUL</u>                                   |  | c. (Last) <u>DOBBIENS</u>                                      |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>OCT. 3 1951</u> |   |               |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>   |  | 8. DATE OF BIRTH <u>AUG 20, 1905</u>                                |   | 9. AGE (In years last birthday) <u>46</u><br># UNDER 1 YEAR: Months _____ Days _____ # UNDER 1 MRS. Hours _____ Mins. _____ |               |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FIELD DIRECTOR</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>AM. RED CROSS</u> |  | 11. BIRTHPLACE (State or foreign country)<br><u>ZENIA Ohio</u> |   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |               |  |
| 13a. FATHER'S NAME<br><u>BLAIR E. DOBBIENS</u>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>BELLE</u>                 |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>HILDA W. DOBBIENS</u>             |   |   |               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |  |  | 16. SOCIAL SECURITY NO.<br><u>712-10-2046</u>             |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>E976X</u>              |   |   |   | ADDRESS _____ |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted gun shot</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Wound in left temple</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>E976X</u> |   |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH _____  |               |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  |  |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |               |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Suicide</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>In Home</u>   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Neosho, Newton Missouri</u>  |  |   |   |   |               |  |
| 21d. TIME (Month) (Day) (Year) (Hour)<br><u>10-3-51 9a. m.</u>  |  | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br><u>Shot self with 22 Rifle</u>   |  |   |   |   |               |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>10-3</u> , 19 <u>51</u> , and that death occurred at <u>9a. m.</u> , from the causes and on the date stated above. |  |  |   |  |  |   |   |   |               |  |
| 23a. SIGNATURE<br><u>Orley Thompson</u>   |  |  |   | 23b. ADDRESS<br><u>Neosho Missouri</u>   |  | 23c. DATE SIGNED<br><u>10/5/51</u>                                  |   |   |               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>   |  | 24b. DATE<br><u>10-8-1951</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>SUNSET VIEW</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>WASHTA IOWA</u> |   |   |               |  |
| DATE REC'D BY LOCAL REG.<br><u>Oct. 6, 1951</u>   |  | REGISTRAR'S SIGNATURE<br><u>Melvin C. Bonman</u>   |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Orley Thompson</u>      |   | ADDRESS<br><u>Neosho Mo.</u>                                |   |               |  |

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 1051-328  
NEOSHO, MISSOURI

Date Filed OCT 1 1951

NEOSHO, MISSOURI  
NEWTON COUNTY HEALTH UNIT

OCT 30 1951

NOV 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Carley Thompson Jr.

Signed .....  
Student Embalmer

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.