

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42628

FILED JAN 11 1952

State File No.

BIRTH NO. REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6042 Registrar's No. 2526

1. PLACE OF DEATH a. COUNTY Ripley Co, Mo			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Ripley		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Varner		c. LENGTH OF STAY (in this place) 20 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Varner		d. STREET ADDRESS (If rural, give location) Ripley Co Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Home					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Brice	b. (Middle) Vincent	c. (Last) Dabbs	Dec	13	1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 20, 1878	9. AGE (In years last birthday) 73	# UNDER 1 YEAR Days 10	# UNDER 1 YEAR Hours 12	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Williams Dabbs	13b. MOTHER'S MAIDEN NAME Mildred Mitchel	14. NAME OF HUSBAND OR WIFE Daisy Dabbs
-----------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ruby Ferrer Poplar Bluff, Mo	ADDRESS
---	-------------------------	--	---------

18. CAUSE OF DEATH 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) <i>Heart attack, had been</i>	DUE TO (b) <i>taking treatment for</i>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <i>Coronary Heart disease</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Medic of Coronary Embolism</i>				

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? 4.201
---	--	----------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7⁴⁵ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>V. K. ...</i>	23b. ADDRESS <i>...</i>	23c. DATE SIGNED <i>1-2-52</i>
---	-------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 16, 51	24c. NAME OF CEMETERY OR CREMATORY Martin	24d. LOCATION (City, town, or county) (State) Ripley Co Mo
--	----------------------	---	--

DATE REC'D BY LOCAL REG. 1-2-52	REGISTRAR'S SIGNATURE <i>E. W. Johnston</i>	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home Naylor, Mo	ADDRESS
---------------------------------	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Bryan McCord

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.